

DONATION FORM

Please complete all 4 sections of this form and mail it to: College of the Desert Foundation:
43500 Monterey Ave.
Palm Desert, CA 92260

1) Fill in your contact information

First Name	Last Name		
Organization			
Address	City	State	Zip
Email			
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Cell	Work	Home	

2) Select & complete all that apply:

To check if a company you are affiliated with will match your gift go to <http://codfoundation.org/donate/match.html>

Enclosed please find my check in the amount of \$ _____
Make Check Payable to *College of the Desert Foundation*

I pledge \$ _____, I plan to make payments over a period of _____ months/years.

I will make payments beginning ____/____/____ and I prefer to be reminded beginning ____/____/____ and then scheduled: Quarterly Semi-annually Annually Other: _____

I am eligible for a matching gift from a company I am affiliated with. _____
Company Name

3) Select & complete all that apply:

Please designate my gift for: _____

I want my gift to be dedicated: In Honor of: In Memory of: _____
Name

Please notify the following person of my gift: _____
Name Address City State Zipcode

Please contact me on how to make a gift of appreciated securities or from a rollover IRA.

4) Sign and mail the form.

Signature	Date	Signature	Date
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