

2018 - 2019 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

() () ()
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>

If you would like to Donate using your Credit Card or Echeck please go to <http://codfoundation.org/donate/>

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 return the form.

Signature Date Signature Date