

EDUCATIONAL FOUNDATION

I am/We are pleased to support the College with a gift of \$ _____

Name _____ Last four digits of Social Security # _____

Address _____

Phone _____ E-mail _____

Matching Gift Company _____

You can double, triple, or even quadruple your contribution through the Matching Gift Program your employer or your spouse's employer may offer.

My/Our name(s) should appear on the donor list as follows. _____

I wish to remain anonymous.

My/Our check for the full amount is enclosed payable to *DCCC Educational Foundation*.

If you wish to make a gift using a credit card via PayPal, please visit our website at www.dccc.edu/makeagift and click on the PayPal link.

PLEDGE PAYMENT PLAN

Thank you

I/We would like to pledge \$ _____ to the College.

I/We wish to pay over a three to five year period beginning _____ and ending _____.

Payments will be made monthly annually.

If you wish to make a gift using a credit card via PayPal, please visit our website at www.dccc.edu/makeagift and click on the PayPal link.

Enclosed is my/our first payment _____ made payable to *DCCC Educational Foundation*.

Mail to: Delaware County Community College Educational Foundation, 901 S. Media Line Road, Media, PA 19063

For payroll deduction for College employees, please call extension 5131 for details.

Please fill out and mail to:

Delaware County Community College Educational Foundation
901 S. Media Line Road, Media, PA 19063
610-359-5131 | advancement@dccc.edu