

# FOUNDATION

YUBA COMMUNITY COLLEGE DISTRICT

## GIFT CONTRIBUTION FORM

Please accept my gift in the amount of \$\_\_\_\_\_.

### DONOR INFORMATION (please print)

Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### GIFT INFORMATION (please print)

- Campus: (*select one*) \_\_\_ Colusa \_\_\_ Lake \_\_\_ Sutter \_\_\_ Woodland \_\_\_ Yuba \_\_\_ District
- Please designate my gift for: \_\_\_ Program Support \_\_\_ Scholarships \_\_\_ Campus Fund *or*,  
designate to the following scholarship/program: \_\_\_\_\_

(If you want your gift to be utilized where needed most, write "unrestricted" in scholarship/program designation line.)

### PAYMENT OPTIONS

\_\_\_ Check (*payable to YCCD Foundation*) \_\_\_ Cash \_\_\_ Credit Card

\_\_\_ I wish to set up a monthly auto payment on my credit card in the amount of \$ \_\_\_\_\_ per month.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Credit Card Information: \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ OTHER (*please list*) \_\_\_\_\_

Card holder name: \_\_\_\_\_ Card number: \_\_\_\_\_

Credit Card V-Code: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing address: \_\_\_\_\_  
*street city state zip*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return completed forms to the YCCD Foundation Office.***

**Yuba Community College District Foundation**

425 Plumas Blvd., Suite 200, Yuba City, CA 95991

phone: 530.740.1703 email: [foundation@yccd.edu](mailto:foundation@yccd.edu)

***For additional information or to receive this form in a hard copy please contact the foundation office.***