



DELTA COLLEGE FOUNDATION DONATION/PLEDGE FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I wish to make a donation of: \$ _____

Frequency: Monthly Annually One Time

Payment method (select one):

1. Check Enclosed
2. Charge my Credit card: MASTERCARD VISA DISCOVER AMEX

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Gift Use: Unrestricted Donation (Donor places no restrictions on use of funds)

Restricted Donation. Please specify intended use of Funds (Below):

Print and mail this completed form (along with check if applicable) to:
Delta College Foundation
Office of the President
5151 Pacific Ave
Stockton, CA 95207

Thank you for your generous donation. If you have any questions, please feel free to contact the Superintendent/President's Office at (209)954-5018.