

Hawkeye Community College Foundation Contribution Form

You Make A Difference!

Yes, you can count on my support of the Hawkeye Community College Foundation!

Name _____

Name(s) to be listed in
Annual Report _____

Address _____

City, State, Zip _____ Phone _____

Please indicate your form of payment for your tax-deductible gift.

donation enclosed \$ _____ (please make payable to HCC Foundation)

MasterCard VISA \$ _____

Name as it appears on card _____

Account # _____ exp. date _____ billing zip code _____

Payroll deduction..... \$ _____ per pay period

Date to begin deduction..... next pay period or _____ date

I understand that this authorization will remain in effect until I request a cancellation in writing.

Matching gifts

My spouse's company will match our gift: _____
(company name)

Please indicate how you want to direct your gift.

- Continue with current donation
- Area of greatest need..... \$ _____
- General scholarship fund..... \$ _____
- Existing fund (See fund list) \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Special projects

- Advanced Instructional Technology..... \$ _____
- Health Education & Services Center \$ _____
- Scholarship Endowment \$ _____

I am unable to make a donation at this time

Signature _____ Date _____