

Name

Address

City

State

Zip Code

Day Phone

Email:

Total Gift Amount \$

Pay by Check: Make check payable to
the **CCC Foundation**

AVOID completing this form by paying online. Just click on
the link below:

<http://www.cccfoundation.org/>

Pay by Charge:

Visa

MasterCard

Discover Card

Card Number:

Exp. Date

Security Code

Name as it appears on card

Signature

Please use my gift as indicated below

(If you would like to support more than one purpose with your gift, please list below)

Amount	Purpose
\$ _____	<u>Where Most Needed (Unrestricted)</u> _____
\$ _____	_____
\$ _____	_____

My (or my spouse's) employer will match this gift. Employer's matching gift form is enclosed.

I am a Carteret Community College alumnus.

This gift is in Honor of Memory of _____

Who should we notify of this contribution?

Name

Address

City

State

Zip Code

Thank you for supporting Carteret Community College!