



MT. SAN ANTONIO COLLEGE FOUNDATION CONTRIBUTION FORM

Please use this downloadable form to make your contribution to the Mt. SAC Foundation. Mail or fax to Mt. SAC Foundation: 1100 N. Grand Ave., Walnut, CA. 91789. Fax: (909) 468-4064.

I would like to support Mt. San Antonio College by becoming (check all that apply):

- A contributor to the **Annual Fund** for \$_____.
- A contributor to the Mt. SAC **Scholarship Fund** for \$_____.
- A contributor to the Mt. SAC **Chairs of Excellence Fund** for \$_____.
- A contributor to the Mt. SAC **Faculty Development Award** or \$_____.

A member of the **President's Circle** at one of the following levels of leadership giving (funds support scholarships and may directed toward other College needs at the President's discretion.)

- President's Circle: \$1,000
- President's Council: \$2,500
- President's Advisor: \$5,000
- Lifetime Member: \$25,000 (may be paid incrementally at \$5,000 over five years)

- A member of the **Leave a Legacy Society** (Please contact me regarding the Foundation's Planned Giving/Annuity programs.)
- A supporter of **Parents for Mt. SAC** for \$_____.
- A supporter of the Mt. SAC **Alumni Association** for \$_____.
- A supporter of the **60th Anniversary Celebration** (contributions go to the College **Endowment Fund**; and 10% of each sponsorship level goes to the **Scholarship Fund**)
- A general partner with Mt. SAC, with my contribution allocated to the College's greatest needs for \$_____.
- A general partner with Mt. SAC, with my gift designated to: _____.

This gift is: in memory of _____.
 in honor of _____.

Have you ever attended Mt. SAC? Yes: Year(s) attended _____ Major/Degree: _____ No

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cell: _____ E-mail: _____

Pledges

If you would like to make a pledge in monthly installments, please contact the Foundation Office, at (909) 594-5611, ext. 4215, or via e-mail: ilanderos@mtsac.edu.

Enclosed is my check in the amount of \$ _____

(Please make check payable to the Mt. SAC Foundation and mail to: 1100 N. Grand Ave., Walnut, CA 91789.)

Please charge the amount indicated on this form to the following:

Credit Card Information:

VISA MasterCard American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ Card Verification Value (last 3 digits, back of card): _____

Card Billing Information *(Only if different from donor's address above)*

Matching Gifts

When you make a gift to Mt. San Antonio College, you can multiply the effects of your generosity by taking advantage of your company's matching gift program. These programs allow you, as an employee, to direct your organization's philanthropy to benefit Mt. SAC. Contact your Human Resources Department to receive the appropriate matching gift form, and return with your gift.

On behalf of the Foundation and the Mt. SAC family of students, faculty, and staff, we thank you! With your generous support, Mt. San Antonio College will continue to be the *College of Champions!*