



Giving Application

First Name _____ Last Name _____

Mailing Address _____

City, State Zip _____

Phone _____ Fax _____ E-mail _____

Spouse (if applicable) _____

Does your company match gifts made to educational institutions yes no

Colleges you attended _____ (graduation year, if applicable)

1. _____

2. _____

3. _____

4. _____

Affiliations (businesses, clubs, organizations, etc) _____

Relatives or Friends who have attended Orange County Community College

Name	Address	Relationship
_____	_____	_____

Employees of yours who have attended Orange County Community College (if applicable)

Name _____

Amount of gift

Payment

Check (payable to the Educational Foundation and mailed to Office of Institutional Advancement, Orange County Community College, 115 South Street, Middletown, NY. 10940)

Credit Card Visa MasterCard American Express

Card Number _____ Expiration Date _____

Signature _____

Please designate my gift to the following fund:

General Fund (EFGF)

Scholarship Grant In Aid Fund (EFGIAF)

Named Scholarship Fund (EFNSF)

President's Scholarship Fund (EFPSF)

Academic Equipment Fund (EFAEF)

Distinguished Lecture Series (EFDLS)

Lyceum