



Giving Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Spouse(if applicable): \_\_\_\_\_

Does your company match gifts made to educational institutions:  yes  no

Are you a SUNY Orange graduate:  yes  no

If yes, what was your year of graduation and major: \_\_\_\_\_

Affiliations (clubs, organizations, etc. you belong to): \_\_\_\_\_

Amount of Gift:

Payment type:  **Check** (payable to the **SUNY Orange Foundation** and mailed to:

SUNY Orange Foundation  
Orange County Community College  
115 South Street,  
Middletown, NY 10940

**Credit Card**  Visa  Mastercard  American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: 

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**Please designate my gift to the following fund:**

- Unrestricted Fund
- General Scholarship Fund
- Named Endowed Scholarship: \_\_\_\_\_
- Named Annual Scholarship: \_\_\_\_\_

<http://www.sunyorange.edu/scholarships/>