



FOUNDATION

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DONOR PLEDGE FORM

\*Name(s): \_\_\_\_\_

\*Street Address \_\_\_\_\_ Apt/Ste #: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

MiraCosta Alumna/us? [ ] Yes [ ] No Year \_\_\_\_\_

(\*required field)

[ ] I (we) wish to remain anonymous.

I/we would like to designate this gift to: \_\_\_\_\_

I/we pledge a total of \$ \_\_\_\_\_ and wish to fulfill this over 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] years.

Amount Enclosed \$ \_\_\_\_\_ or first payment will be received on \_\_\_\_\_

[ ] I am interested in making a planned gift with the College. Please contact me to discuss giving options.

Balance as follows:

[ ] Monthly \$ \_\_\_\_\_ per month [ ] Annually: Month to receive pledge reminder \_\_\_\_\_

[ ] Quarterly \$ \_\_\_\_\_ per quarter [ ] Other \_\_\_\_\_

Payment Information: [ ] Cash/Check [ ] Visa [ ] MasterCard [ ] Discover [ ] Recurring monthly [ ] Stock/Securities

\*Account # \_\_\_\_\_ \*Expiration date \_\_\_\_\_

\*CVV Code \_\_\_\_\_

Signature \_\_\_\_\_

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All contributions are tax deductible to the extent permitted by law.