



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.