



**Federal Tax ID#: 27-0340685**

## **Donation Pledge Form**

### **Donor Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Pledge Information:**

I [we] pledge a total of \$ \_\_\_\_\_ for the \_\_\_\_\_  
(specify scholarship/program)

### **Acknowledgement Information:**

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous

I am paying by \_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Credit Card

Credit Card Type / Exp. Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

### **Please make checks payable to:**

Foundation for the Compton Community College District  
1111 E. Artesia Blvd., Compton, CA 90221

**Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Thank you for supporting the Foundation for Compton Community College**