



Annual Giving through Pledges

YES! I want to help local community college students achieve success.

Please print this form and mail to:
San Mateo County Community Colleges Foundation

3401 CSM Drive
San Mateo, CA 94402-3699
Or fax: (650) 574-6566

Please accept my pledge of \$ _____ over a _____ year period.

Please mail a pledge reminder to me:

Annually Monthly Quarterly Semi-annually Other: _____

Please use my donation where the need is greatest or indicate the scholarship fund you would like to donate to here:

Annual/Cañada Cares Friends of Skyline Friends of CSM

Other: _____

*Make your check payable to SMCCC Foundation.
Your contribution is fully tax deductible.
Thank you!*

Name Telephone

Address E-mail Address

City State Zip

My check is enclosed.

Please charge my Visa Mastercard

Card Number Expiration Date

Print Name as it appears on the card Signature

Does your employer have a Matching Gifts Program?

A form is enclosed Please contact me

I am an alumna / alumnus of _____ College.

Thank you for your contribution to our Foundation. If you have any questions please call Georgi LaBerge at (650) 574-6229 or e-mail laberge@smccd.net