

Hawkeye Community College Foundation Contribution Form

You Make A Difference!

Yes, you can count on my support of the Hawkeye Community College Foundation!

Name _____
Name(s) to be listed _____
in Annual Report _____
Address _____
City, State, Zip _____ Phone _____

Please indicate your form of payment for your tax-deductible gift.

- donation enclosed \$ _____ (please make payable to HCC Foundation)
- MasterCard VISA \$ _____
Name as it appears on card _____
Account # _____ exp. date _____ CVV code _____
- Payroll deduction..... \$ _____ per pay period
Date to begin deduction..... next pay period or _____ date
I understand that this authorization will remain in effect until I request a cancellation in writing.

Matching gifts

My spouse's company will match our gift: _____
(company name)

Please indicate how you want to direct your gift.

- Continue with current donation
- Area of greatest need..... \$ _____
- General scholarship fund..... \$ _____
- Existing fund (See fund list) \$ _____
..... \$ _____
..... \$ _____
..... \$ _____

Special projects

- Advanced Instructional Technology..... \$ _____
- Health Education & Services Center \$ _____
- Scholarship Endowment \$ _____
- I am unable to donate at this time

Signature _____

Date _____

Hawkeye Community College Foundation does not provide goods or services for contributions made to the Foundation by payroll deduction.