



CCS Foundation PLEDGE FORM

Your name _____ Spouse's name _____

If you are a CCS alumnus, what year did you graduate? _____ SCC SFCC IEL

Street address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Home e-mail address _____ Work e-mail address _____

How would you like your name(s) to appear in CCS Foundation publications? _____

I wish for my gift to be anonymous.

Total Pledge \$ _____ Make checks payable to **CCS Foundation**.

My initial payment of \$ _____ is enclosed.

Please bill me: monthly quarterly annually Starting date: _____

Please charge my: MasterCard VISA

Account number: _____ V-code* _____ Expiration date: _____

Name as it appears on your card: _____

Payroll deduction (CCS employees only) SID #: _____ - _____ - _____ Starting date: _____

Deduct the full amount of my pledge one time only from my paycheck.

Deduct \$ _____ per pay period for _____ pay periods.

Deduct \$ _____ from my paycheck each pay period indefinitely, until I indicate otherwise.

My gift is in honor memory of: _____

My company or my spouse's company matches gifts. (Please attach a matching gifts form.)

Credit my donation toward**:

Area of Greatest Need (1100)

Medical Imaging Core Curriculum

Emerging Needs Endowment# (7223)

Touch the Future Scholarship

Center for Entrepreneurship

Other current Foundation fund _____

* Credit card information will be destroyed upon processing.

** If you do not designate a fund, your donation will be used for areas of greatest need through the foundation's unrestricted fund.

CCS Foundation will match contributions to this fund on a \$2-\$1 basis.

† Contributions to this fund will be used to match a National Endowment for the Humanities challenge grant.

Signature _____ Date _____

Thank you for your support!

Please return this pledge form to CCS Foundation, 501 N Riverpoint Blvd MS 1005, PO Box 6000, Spokane, WA 99217-6000

(509) 434-5123