

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



# 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 Emerging Needs Endowment.

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

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**