



Kingsborough Community College Fund

Name (please print): _____ ___ List as anonymous
 Street Address: _____
 City: _____ State: _____ Zip: _____
 E-Mail Address: _____ Phone: _____

Payment Options:

___ Enclosed is my check or money order in the amount of \$ _____ made payable to the Kingsborough Community College Foundation.

___ Please charge my gift of \$ _____ to my credit card: ___ American Express ___ Visa ___ MasterCard

Name on Card (please print): _____
 Account Number: _____ Exp. Date: _____ Security Code: _____
 Signature: _____

Matching Gifts: Your gift can be doubled or tripled in value through your or your spouse's employer's matching gift program. Check with your personnel office to see if your company participates in a Matching Gift Program.

___ Matching Gift Form Enclosed.

I would like my contribution to go to:

- ___ Support the college's greatest needs
- ___ Support the general Scholarship Fund
- ___ Support the following Named Scholarship: _____

I would like information on: ___ Making a Gift in my Will

Gift categories:

- ___ Benefactor's Circle (\$25,000+)
- ___ Sponsor's Circle (\$10,000-\$24,999)
- ___ President's Circle (\$5,000-\$9,999)
- ___ Platinum Circle (\$1,000-\$4,999)
- ___ Gold Circle (\$500-\$999)
- ___ Silver Circle (\$250-\$499)
- ___ Bronze Circle (\$100-\$249)
- ___ Friend (Up to \$99)

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- ___ I am a proud Alumnus/Alumna of Kingsborough Community College.
 - ___ Please send me information on joining the KCC Alumni Association.

Maiden Name (if applicable): _____
 Major: _____ Year of Graduation: _____
 Employer: _____ Job Title: _____

Gifts are tax deductible as allowed by law. All contributions will be listed in the Kingsborough Community College Annual Report.

If you prefer to give online, please visit www.kingsborough.edu/donate, or call us at (718) 368-4539.

Thank you for your support!