

SAY YES to educational excellence in your community by supporting Allan Hancock College

- Enclosed is my check \$1000____ \$500____ \$250____ \$100____ Other \$ _____
- I prefer to pledge \$_____, payable in _____ months. My first payment contribution is enclosed.
- Please charge my gift of \$_____ to my Mastercard Visa

Account # _____ Expiration Date _____

Cardholder Name _____ Signature _____

Donor Name _____ Please designate my gift for following purpose:

- Where need is greatest
- Technology equipment
- Scholarships for students
- Other _____

Address _____

City _____ State _____

Zip _____ Phone _____

- I am giving my gift as a memorial/tribute and I have enclosed the memorial/tribute form.
- I hereby give permission for my name _____ to be printed in donor recognition publications
(as you would like it to appear)
- I would prefer to remain anonymous
- I/we have named Allan Hancock College in a will, trust or insurance arrangement.
- Please send me more information about _____

Please make check payable to Allan Hancock College Foundation

WE ARE ON AN ALUMNI SEARCH!

Did you attend Allan Hancock College? Years attended _____ Year graduated 19____

Occupation _____

Name of Business _____

Business Address _____ City _____ State _____ Zip _____

Phone _____

Did you attend college after AHC _____ School _____

(s) _____

Type of degree earned _____ Trade license(s) or certifications
earned _____

Please contact me. I want to join the AHC Foundation volunteer program.

Memorial/ Tribute Card:

Give a gift to honor someone you love. It could be the most precious gift you give.
This gift is A Memorial A Tribute

Gift in Memorial/ Tribute

Name _____
Address _____ City _____ State _____ Zip _____

Gift Given By:

Name _____
Address _____ City _____ State _____ Zip _____

We will send a card acknowledging your gift.