



# FOUNDATION

Please complete the form on the next pages. When finished, please print and mail with your check to:

CPCCC Foundation  
P.O. Box 35009  
Charlotte, NC 28235

# Make A Gift

## Gift Information

Please enter a gift amount in the box to the right of the area(s) you would like to support.

Where Most Needed \$

Student Scholarships \$

Institutional Programs \$

Faculty/Staff Development \$

CPCC-TV \$

Other \$

Specify Department/Program:

## Gift Total \$

My Gift is:

Please list name

Who should we notify?

Address Line

City

State

Zip

If your name is to be on any recognition list(s), how would you like your listing to read:

## Payment Information

Credit Card:\*

Expires:\*

Card Number:\*

CCV Number:\*

## Payer Information

First Name:\*

Middle Initial:

Last Name:\*

Address:\*

City:\*

State:\*

Postal Code:\*

Country:\*

Daytime Phone Number:\*

E-Mail:\*

(Receipt will be emailed to this address)

## Additional Information

Affiliation:\*

Your Company Name:

I plan to apply for matching gifts from my company.

[Find out if your company has a matching gift policy.](#)

This is a payment on an existing pledge.

Comments: