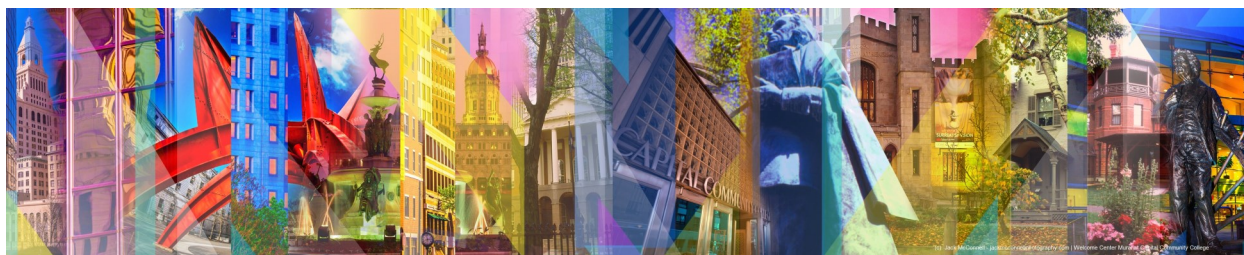


CAPITAL COMMUNITY COLLEGE FOUNDATION



I/We Wish To Make A Gift

AFFILIATION (Please select one)

Enclosed is a gift of \$ _____

_____ Alumnus/Alumna Year _____

I/We Pledge A Total Of \$ _____ for _____ year(s)

_____ Friend or Volunteer

_____ Employee

The gift will be matched by _____

_____ Employee Emeritus/a

corporation name

MAKE CHECKS PAYABLE TO: CAPITAL COMMUNITY COLLEGE FOUNDATION, 950 Main St. Hartford, CT 06103-1211
Contributions are tax-deductible to the extent allowed by law

Name (s) _____

Company/affiliation (if applicable) _____

Address _____

City/Town _____ State _____ Zip _____

E-Mail _____ Phone _____

GIFT DESIGNATION: _____ Annual Fund (immediate needs) _____ Scholarships _____ Other _____
(Specify Fund Name Or Program)

THIS GIFT IS MADE IN HONOR OF _____

THIS GIFT IS MADE IN MEMORY OF _____

Individual or Family to be notified (if any)

Name _____ Phone _____

Address _____ City/Town _____ Zip _____

Capital Community College Foundation accepts Mastercard, Visa or Amex

_____ PLEASE CHARGE MY CREDIT CARD : _____ MASTERCARD _____ VISA _____ AMEX

Account Number

Expiration Date

Security Code

Name on Card

Signature

Date

To make a secure online gift please visit www.capitalcc.edu/foundation/