



Donation Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Telephone (cell)	
E-Mail	

Gift Information

I (we) plan to make this contribution in the form of: ___ cash ___ check ___ credit card ___ other.

Credit card type	
Credit card number	
Security Code	
Expiration date	
Authorized signature	

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

--

___ I (we) wish to have our gift remain anonymous.

___ I (we) wish to volunteer for Atlantic Cape Community College. Please contact me (us).

Signature(s)
Date

Please make checks payable to: **Atlantic Cape Community College Foundation**

Mail to:
Atlantic Cape Community College Foundation
341 Court House South Dennis Road
Cape May Court House, NJ 08210
(609) 463-3670
(609) 463-3645 FAX
www.atlantic.edu/foundation