

**Cuyahoga Community College Foundation**  
***Invest in People Gift Form***

Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**I agree to commit to Cuyahoga Community College Foundation's *Invest in People* campaign the following:**

Total Amount \$ \_\_\_\_\_. This will be paid in full by \_\_\_\_\_ (month/year)

Enclosed is my initial contribution in the amount of \$\_\_\_\_\_.

Check enclosed (Made payable to the Tri-C Foundation)

Credit Card Charge:

American Express    Master Card    Discover    Visa

Amount to be charged: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please direct my contribution to:**

First Generation Scholarship Fund

Gap Scholarship Fund

Hispanic Scholarship Fund

Nursing & Health Careers Scholarship Fund

Veterans Scholarship Fund

Workforce Training Scholarship Fund

Youth & Early College Scholarship Fund

Other: \_\_\_\_\_

Please refer to [www.tri-c.edu/foundation](http://www.tri-c.edu/foundation) for a complete listing of the Tri-C Foundation's scholarship funds.

*I understand my contribution is tax-deductible during the calendar year in which it is received by the Tri-C Foundation.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

*On behalf of the students we serve, thank you for your support.*

**Return to:**    **Cuyahoga Community College Foundation**  
**700 Carnegie Avenue, Cleveland, Ohio 44115**  
**Phone: 216-987-4868    Fax: 216-987-4792**

