



Cuyahoga Community College Foundation

Donation Form

Name _____

Preferred Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

I am pleased to support student success through my gift to the Cuyahoga Community College Foundation:

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

Please charge my credit card in the amount of \$_____ one time monthly

American Express Master Card Discover Visa

Account Number: _____

Expiration Date: _____ Name on card: _____

Signature: _____

Security Code: _____

My employer _____ will match my donation

Please contact me about including the Tri-C Foundation in my estate plans

Please direct my contribution to:

Alumni Scholarship Fund

Veterans Scholarship Fund

First Generation Scholarship Fund

Workforce Training Scholarship Fund

Access Scholarship Fund

Youth & Early College Scholarship Fund

Hispanic Scholarship Fund

Other: _____

Nursing & Health Careers Scholarship Fund

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

Please return form to:

Cuyahoga Community College Foundation
700 Carnegie Avenue, Cleveland, Ohio 44115
Phone: 216-987-4898 Fax: 216-987-4792
Donate online at www.tri-c.edu/donate

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