



Cash Donation Form

Donor Contact Information:

First Name(s) _____ Last Name _____

Company Name _____

Address _____

City _____ State _____ ZIP _____

Contact Phone (optional) _____ Email _____

Donation Information:

Amount \$ _____

Gift designation (check one)

- Fund for Opportunity (Unrestricted)
- Adopt-A-Student Scholarship Fund (minimum \$1,500)
- Endowment Name of Endowment _____
- General Scholarship Fund (Unrestricted)
- 13th Year Promise Scholarship Fund
- Student Emergency Grant Fund
- Faculty Grant Fund

Type of Gift or Tribute (optional)

- In Memory of Name _____
- In Honor of Name _____

For a tribute, please send an acknowledgement of this gift to:

Name: _____

Street Address: _____

City, State, Zip Code: _____

Print, complete, and mail this form with your check (payable to South Seattle College Foundation) to South Seattle College Foundation, PO Box 15450, Seattle, WA 98115