



Yes, I want to make a difference!

Please accept my gift, which will support the mission of the Miramar College Foundation and bring much needed financial assistance to the college's students.

DONOR INFORMATION (PLEASE PRINT OR TYPE)

Form with fields for Last Name, First Name, Home Address, City, State, Zip, Business Name, Title, Business Address, City, State, Zip, Home Phone, Work Phone, Cell Phone, and Email.

ALLOCATION

Please allocate my donation of \$ _____ to:

- Unrestricted
Scholarships
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Circle of Friends: Gold \$5000+, Silver \$2500-\$4999, Bronze \$1,000-\$2499, Friend of the Foundation \$100-\$999, Alumni Club \$50, Foundation Club \$1-\$99, Other

METHOD OF PAYMENT

Form with fields for Charge my credit card, VISA, MasterCard, Name on credit card, Account #, Expiration Date, and Signature.

Please mail this form along with your check made payable to the Miramar College Foundation to:

You will receive a receipt for your tax-deductible contribution. Thank you for your generosity!

Miramar College Foundation
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San Diego Miramar College
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San Diego, CA 92126