



Donation Form

YES, I would like to support Central Piedmont Community College with a gift of \$ _____

Please use my gift for: Greatest Need Student Scholarships

Instructional Programs (specify department/program) _____

Faculty/Staff Development WTVI PBS Charlotte Other _____

Gift Information

I would like to make a Memorial gift Honorary gift

In honor/memory of _____

Please notify _____

Address _____

City _____ State _____ Zip _____

Your Information

CPCC Affiliation:

Alumnus/a Faculty/Staff Student Retiree Parent Trustee/Director (current or past) Friend

Name _____

Address _____

City _____ Phone (day) _____ (evening) _____

Email _____

Check Enclosed: Amount \$ _____

Credit Card: Amount \$ _____ Visa _____ MasterCard _____ American Express _____

Account Number _____ Expiration Date _____ CIC# _____

Signature _____ Date _____

My and/or my spouse's company matches this gift. (Please include matching gift information.)

To learn if your company offers a matching program, please visit www.cpcfoundation.org/giving/matching-gift-policy.

I have included CPCC in my will.

I would like information on other planned giving opportunities.

To make a gift of stock or to give by phone, please call 704.330.6869.

Please print and mail your completed form to: **CPCC Foundation, Inc.**
PO Box 35009
Charlotte, NC 28235-5009