

Jackson College Foundation Donation Form



Name: _____
(Last) (First) (Middle)

Street Address (Billing Address): _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ E-mail: _____

• I would like to contribute the following amount: \$ _____

• I wish to use the following method to pay for my pledge (check an option below):

- I'd like to use cash or check for my gift
- Online gift at www.jccmi.edu/givenow
- I would like to charge this gift. VISA MasterCard Discover

Account Number: _____ Expiration Date: _____

Card Holder Name: _____

Authorized Signature: _____

I would like to use payroll deduction for my gift (JC employees).

Employee ID #: _____ Department: _____

- Deduct \$ _____ from _____ payroll check effective (date) _____
- Deduct \$ _____ from from one paycheck on (date) _____
- Payroll deduction will be effective over a period of _____ fiscal years.
- I wish to continue indefinitely.

I would like my contribution to support the following:

- The JC Foundation Annual Fund
- A previously established scholarship fund: _____
- I would like to establish a scholarship fund – please contact me to discuss options
- A JC Program Fund: _____
- Memorial/Tribute gift: _____

Signature: _____ Date: _____

Please return this form to Jackson College Foundation Office,
3000 Blake Road, Jackson, MI 49201. For more information, contact the office at 517.787.0244.