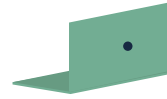




SAVE A SEAT

Faculty, Staff & Retiree Giving Campaign 2018-2019



1. PCC PAYROLL DEDUCTION

- Recurring gift, deducted monthly from paycheck:
 \$10 \$25 \$42 Other \$ _____

Signature _____

G# _____

Date _____

2. PLEDGE

\$ _____

- Quarterly (July, September, December & March)
 Semi-annually (July & December)

3. ONE TIME GIFT

Amount \$ _____

- Check enclosed (make check payable to PCC Foundation)

Charge my: Visa MasterCard Discover

American Express

Name on Card _____

Signature _____

Card # _____

Expiration Date _____

Security Code (back of card) _____

Set up monthly credit card gifts online at pcc.edu/give

DESIGNATE MY GIFT

- General Scholarship Fund
 Food Insecurity Fund
 Emergency Grant Fund
 Designated Scholarship or Program Fund

List available at pcc.edu/foundation

- My partner's employer will match my gift.
 Be sure to send us the matching gift form with your gift.
 PCC is designated in my will.
 Send me information on estate planning.

Return:

PCC Foundation
Portland Community College
P.O. Box 19000
Portland, OR 97280

Make checks payable to: PCC Foundation (Tax ID #93-00811291)

For questions, please contact Christina Kline
at 971.722.4607 or christina.kline@pcc.edu.

INFORMATION

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

E-mail _____

- Please do not print my name in
PCC Foundation publications.

