



For Office Use Only

Fund ID# _____

Date Form Received _____

Date Donation Received _____

DONATION FORM

Mail to: Santa Monica College Foundation, 1900 Pico Blvd, Santa Monica CA 90405
OR

Email to: Foundation@smc.edu

DONOR NAME

EMAIL

PHONE

BILLING ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS (if different than Billing Address)

CITY

STATE

ZIP

ANONYMOUS (do not include my name in donor listings) _____
NAME FOR DONOR LISTINGS

MONTHLY DONATION*
*Charged on the 20th of every month.
You may cancel at any time.

ONE TIME DONATION

CHECK ENCLOSED

CHARGE MY CREDIT CARD

\$ _____
DONATION
AMOUNT

Check One: VISA M/C AMEX DISCOVER

CREDIT CARD NUMBER

EXP DATE

CVC

TO BENEFIT (Name of Fund or Program)

IN HONOR OF (if Applicable)

IN MEMORY OF (if Applicable)

CC# TAKEN BY SMCF Employee (Name) _____

DATE TAKEN

CARDHOLDER SIGNATURE (if Applicable)

DATE

Your Investment | Their Future | Our World