



Thank you for making a donation to the Lake Tahoe Community College Foundation and supporting LTCC students and programs.

If you would like some help in designating your gift, please call (530) 541-4660 x 245 or email foundation@ltcc.edu.

CONTACT

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____ Email _____
[] Please keep me updated on foundation activities.

GIFT INFORMATION

I would like to make a: [] One time (Single Gift) [] Monthly Gift [] Quarterly Gift [] Annual Gift
All recurring gifts will process on the 10th of the month. Start Date: ____/____/____ (mm/dd/yyyy)
Gift Amount: [] \$5,000 [] \$2,500 [] \$1,000 [] \$500 [] \$250 [] \$100 [] \$50 [] \$25
\$ _____ Other Amount
Please apply my gift to:
___ Student Emergency Fund ___ The Annual Fund
___ CONNECT Plant Based Tahoe ___ Lake Tahoe College Promise ___ Classified Senate ___ Demonstration Garden
___ Emergency Book Fund ___ Area of Greatest Need ___ LTCC Adult Wellness
___ Coyote Legacy Plaza Fund ___ Equity Food Pantry ___ STEM Camp
___ The Coyote Club/ LTCC Soccer ___ The Haldan Art Gallery
___ The President's Circle ___ Other (Designated in "Comments")
SCHOLARSHIPS:
___ Carl Young Earth Science Scholarship ___ Jose Martinez Memorial Scholarship
___ Lake Tahoe Basin Fire Academy Scholarship ___ Lake Tahoe Pride Equality Scholarship
___ Mitch Underhill Mountain Fund ___ Therese Reuter Memorial Scholarship
___ Veterans' Scholarship ___ Other Scholarship - Designate below in the Comments
Comments or Special Instructions _____

PAYMENT INFORMATION

[] Enclosed is a voided check for my recurring gift. Please transfer my gift from my checking account.
**For One-Time Checking Account gifts, please include a completed check with your gift form.
[] My credit card information is listed below for my gift. Please transfer my gift from my credit card.
Credit Card Number _____ Expiration Date ____/____
[] Yes! Please add the 2.19% credit card or \$0.25 ACH Processing Fee assessed to Lake Tahoe Community College Foundation for me.
I understand my future gifts will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.ltcc.edu or by contacting Lake Tahoe Community College by phone or mail. All gifts provided to Lake Tahoe Community College comply with U.S. Law.
Signature(Required) _____ Date _____

For Office Use Only
\$ _____ Processing Fee Amount (2.19% amount for Credit Card gifts or \$0.25 amount Checking Account gifts)
\$ _____ Total Donation Amount (required) (Donation Amount specified above + Processing Fee Amount)