



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 _____
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 Please keep me updated on foundation activities.
 What is your relationship to Lake Tahoe Community College? Alumni Community Member Current Student Faculty
 Parent Staff Other

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 ___ Emergency Book Fund ___ The Haldan Art Gallery
 ___ The Annual Fund ___ Area of Greatest Need ___ The President's Circle
 ___ CONNECT Plant Based Tahoe ___ LTCC Adult Wellness ___ Other (Designated in "Comments")
 ___ Lake Tahoe College Promise ___ Coyote Legacy Plaza Fund
 ___ Classified Senate ___ Equity Food Pantry
 ___ Demonstration Garden ___ The Coyote Club/ LTCC Soccer
SCHOLARSHIPS:
 ___ Carl Young Earth Science Scholarship ___ Mitch Underhill Mountain Fund
 ___ David Foster Memorial Scholarship ___ Therese Reuter Memorial Scholarship
 ___ Filipino Club Scholarship ___ Umoja Club
 ___ Jose Martinez Memorial Scholarship ___ Veterans' Scholarship
 ___ Lake Tahoe Basin Fire Academy Scholarship ___ Other Scholarship – Designate below in the Comments
 ___ Lake Tahoe Pride Equality Scholarship
 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)