



**CONTRIBUTION FORM**

**Yes, I want to support LaGuardia Community College Foundation with my gift of:**  
 \$5,000    \$2,500    \$1,000    \$500    \$250    \$100    \$50    Other: \_\_\_\_\_

**I am a LaGuardia:**    Alumnus/a    Faculty/Staff Member    Retired Faculty/Staff Member  
 Student    Friend

**I am (select one):**    Enclosing a check payable to LaGuardia Community College Foundation  
 Enclosing my credit card information

Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Floor \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #:    Home    Cell    Bus. \_\_\_\_\_ Email: \_\_\_\_\_

**Please direct my gift to** (if applicable):    Scholarship Name \_\_\_\_\_

**Please charge my credit card:**    Visa    MasterCard    Discover    American Express

Contribution totaling \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Visit our website or call/email us to learn more about other methods of giving via wire transfer, stock gift, corporate matching gift, tribute gift, and estate giving.

**LaGuardia Community College Foundation**

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