



COLLEGE OF MARIN FOUNDATION

To help ensure quality education for students at the College of Marin,
I am making the following gift:

\$1,000__ \$500__ \$250__ \$100__ \$50__ Other__

• Check for \$_____ is enclosed.
(Payable to College of Marin Foundation)

• Charge gift of \$_____

to Visa / Mastercard: #_____ Exp.Date_____

• Please credit gift record(s) with a pledge of \$_____

which I/we plan to complete by _____(date).

• Employer will match gift._____

The matching gift form:

Is enclosed._____ Will be sent later._____

Name_____

Address_____

City_____

State_____ Zip_____ Phone_____

I am a College of Marin Alum Yes___ No___

If you're making a gift in memory or honor of someone, please notify us.

If you would like information regarding Planned Giving or about making a bequest
to the College of Marin Foundation, contact Margaret Elliott, 415-485-9382.

MAIL TO:

College of Marin Foundation • P.O. Box 446 • Kentfield, CA 94914

Gifts to COLLEGE OF MARIN FOUNDATION are tax deductible.