

**ANNUAL FUND**

**Gift Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please indicate how this gift should be recognized, if different from above:

\_\_\_\_\_

This gift to remain Anonymous

Gift Amount \$ \_\_\_\_\_

Payment in full enclosed

Make check payable to the CCC Development Foundation.

Credit Card:       Visa       Mastercard

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

To be given in equal installments of \$ \_\_\_\_\_ by July 31.

Send reminders:     Monthly       Quarterly

Gift Designation \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_