



SADDLEBACK COLLEGE FOUNDATION

28000 Marguerite Parkway • Mission Viejo, CA 92692
949.582.4479 • www.saddleback.edu/foundation

Supporting Student Success through Scholarships

2018-19 Scholarship Donation Form

Contributing to the Saddleback College Foundation scholarship program is giving the gift of an education. Thank you.

I/We pledge to give \$ _____ as a one-time amount

in _____ *monthly payments of \$ _____

Check is enclosed

Online or through this form with credit card

Using payroll deduction (SOCCCD staff only) * to receive **matching funds** monthly payroll deduction must be \$42/month for 10-month employees and \$35/month for 12-month employees.

Choose the type of scholarship you would like to support:

Endowed Scholarship - gifts of \$12,500 or more \$ _____

Endowed scholarships provide support for Saddleback College students in perpetuity and will be invested when the balance reaches \$12,500 – payments to reach that amount can cover the course of three years. Please complete the new scholarship section below.

Named Scholarship - gifts of \$1,000 or more \$ _____

Gifts of \$1,000 and over qualify the donor to name a new scholarship and to specify criteria that recipients must meet. Please complete the new scholarship section below.

Existing Scholarship Funds - gifts of any amount \$ _____

Thanks to the generous support of past contributors, many programs on campus have scholarships to support their area. There are also a number of memorial scholarships (a list of existing scholarships, both annual and endowed will be provided upon request or visit website at www.saddlebackcollegegiving.org/scholarships).

Name of existing scholarship _____

General Scholarship Fund - gifts of any amount \$ _____

Gifts are pooled to support additional general scholarships.

I am creating a new Endowed or Named scholarship and these are my wishes:

Scholarship name _____

Criteria requirements (may include: minimum GPA, financial need, specific program): _____

5% Administration Fee Calculations **Add 5% Administration Fee** \$ _____

\$250 = \$12.50

\$500 = \$25.00

\$1,000 = \$50.00

\$5,000 = \$250.00

Total Gift \$ _____

(Over)

Contact and payment information:

Is this a gift from an individual or from an organization?

Donor/Organization Name _____

Scholarship Representative Name (if different from donor name) _____

E-mail Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number(s) Home _____ Work _____ Cell _____

I would like to pay \$_____ by Credit card: Visa MasterCard American Express

Credit Card Number: _____

(Credit card information will be destroyed after processing)

Expiration Date: _____ CVC Code _____
(3 digit number on back of card or 4 digit on front of American Express)

I authorize Saddleback College Foundation to process ____ monthly recurring payments of \$ _____ beginning on this date _____ and ending on this date _____

Billing Address (if different from mailing address) _____

City _____ State _____ Zip Code _____

Signature

Date

Please make checks payable to “Saddleback College Foundation”

***Please send all scholarship pledge forms and donations to:
Saddleback College Foundation, AGB 131
28000 Marguerite Pkwy, Mission Viejo, CA 92692***

Or make your gift online at our secure site www.saddlebackcollegegiving.org/scholarships

Saddleback College Foundation Tax ID No. 33-0390547