



Palomar College Foundation

Pledge Form

Donor Information (please print or type)

Name(s) _____

Billing address _____ City _____ State _____ Zip _____

Telephone: (home) _____ (work) _____ (cell) _____

Fax _____ Email _____

Pledge ALLOCATION

Please allocate my pledge of \$_____ to: Unrestricted President's Associates

 Heroes Fund Endowed Fund (Name): _____ Other (Name): _____

Pledge SCHEDULE

Please use the following payment schedule:

Annual payments of \$_____ to begin on (date) _____

Quarterly payments of \$_____ to begin on (date) _____

Monthly payments of \$_____ to begin on (date) _____

Other (please specify) _____

Pledge METHOD OF PAYMENT

Check made payable to **PALOMAR COLLEGE FOUNDATION**

Charge my credit card Visa Mastercard American Express

Name on cc _____ cc# _____ Exp _____

PLEDGE APPROVAL AND AUTHORIZATION (if credit card was used for this transaction)

Signature _____ Date _____

I (we) wish to have our gift remain anonymous.

Please mail this form along with your check to:

PALOMAR COLLEGE FOUNDATION
1140 W Mission Road
San Marcos CA 92069-1487