



**Yes! I want to help
Red Rocks Community College Foundation,
where learning is for life!**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

☐ Please contact me regarding a planned gift that will benefit both my family and Red Rocks.

☐ My or my spouse's employer will match my gift. Company name: _____

I wish to make a gift of: ☐ \$5,000 ☐ \$1,000 ☐ \$500 ☐ \$250

☐ \$100 ☐ \$50 ☐ \$25 ☐ Other: _____

OR

I wish to pledge \$ _____ **in equal payments of \$** _____ **to be made:**

☐ Monthly

☐ Quarterly

☐ Bi-Annually

☐ Annually

Payment Information

☐ Check

☐ Credit Card (circle one):

Visa

Mastercard

American Express

Card Number: _____ Expires: _____

My gift is designated for:

☐ The Fund for Excellence (area of greatest need)

☐ Teaching Chair Program

☐ Scholarships

☐ Children's Center @ Red Rocks

☐ Theater Program

☐ Other _____

Please return this form to:

Red Rocks Community College Foundation

13300 W. 6th Ave.

Campus Box 1

Lakewood, CO 80228-1255

Fax: 303-914-6318

Phone: 303-914-6363

