

I WANT TO SUPPORT ST. LOUIS COMMUNITY COLLEGE

UPDATE MY INFORMATION

Name: _____
(FIRST) (MIDDLE) (LAST) (MAIDEN)

Email: _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone: _____ preferred

Cell Phone: _____ preferred

Work Phone: _____ preferred

Area of study at STLCC: _____

STLCC degree/certificate earned: _____

Other colleges/universities attended and degrees earned: _____

Employer: _____

Title: _____

Interested in joining the Alumni Association.

150010-20

GIVE BACK

\$25 Alumni Dues (Select a campus) FV FP MC WW

\$_____ One-Time Gift

\$_____ Toward my pledge of \$_____ to be paid Monthly Quarterly

SUPPORT

Greatest Need Scholarships Other

Comments: _____

PAYMENT

Enclosed is my check payable to **STLCC Foundation**

I will donate online at STLCC.edu/give.

(FOR STLCC EMPLOYEES ONLY) A# _____

I authorize payroll deduction of \$_____ per pay period until I notify the Foundation in writing of cancellation. Signature: _____ Date: _____

Please print your name(s) as you would like it to appear in the Foundation Annual Report.

_____ (I prefer to remain Anonymous)

TRIBUTE

This gift is In honor of In memory of

Name _____

Please send a gift acknowledgement to:

Name _____ Address _____

City _____ State _____ Zip _____

ADDITIONAL INFORMATION

- I have enclosed a Matching Gift Form from my or my spouse's employer.
- I have mentioned the St. Louis Community College Foundation in my will.
- I am requesting information on planned giving.
- I am considering a special gift.

Call me at (____) _____ daytime evening

COMMENTS _____

All contributions are tax deductible as allowed by law.



St. Louis Community College
Foundation

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Bridgeton, MO 63044-2551

Phone: (314) 539-5472

Fax: (314) 228 -2015

Email: foundation@stlcc.edu

For more information please visit us online at stlcc.edu/about/foundation.

Find St. Louis Community College Alumni & Friends on Facebook.

THANK YOU FOR GIVING BACK TO SUPPORT ST. LOUIS COMMUNITY COLLEGE STUDENTS!