



GALVESTON COLLEGE FOUNDATION

Name (please print): _____ List as anonymous _____
Street Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____ Phone: _____

Payment Options:

___ Enclosed is my check or money order in the amount of \$ _____ made payable to the Galveston College Foundation.

___ Please charge my gift of \$ _____ to my credit card:

___ American Express ___ Visa ___ MasterCard

Name on Card (please print): _____

Account Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____

Matching Gifts: Your gift can be doubled or tripled in value through your or your spouse's employer's matching gift program. Check with your personnel office to see if your company participates in a Matching Gift Program.

___ UA Endowment Fund

___ UA Book Fund

___ Scholarships

___ Athletic Programs

___ Beacon Square Fund

___ Other: _____