

## ANTELOPE VALLEY COLLEGE GIFT FORM

Name:			Email:		
Compa	any:				
Address:		(	City:		Zip:
		Cell Phone:	Cell Phone:		
Did Yo	u Attend AVC? YES, la	ast year attended:	NO		
STEP	2: CHOOSE YOUR GIF	T DESIGNATION(S)			
	AVC Fund (greatest need):	\$	<del>_</del>		
S	Scholarship:	\$	Scholarship Name	:	
	Endowment	\$	Endowment Name	:	
	Campus Fund	\$	Fund Name	:	
□ P	President's Circle Membersh	ip: \$1,000/year (or \$83.			
	Cash Check (payable to Antelope \ Charge My Card	_	_		
0	One Time Note: When choosing a monthly otherwise. If you would like to a coundation.	, quarterly, or annual cont	ribution, charges will cont	-	•
C	Card Number:		Card	Validation Code:	
N	Name on Card:			Expiration Date:	
TEP	4: SIGN AND RETURN	GIFT FORM			
	sign and return this form to tom can also be mailed to 304		•		•
eel fre	e to call us at (661) 722-630	0 ext. 6391 with any que	stions.		
	C	ture		Date	