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NAME (as it should be listed in Honor Roll of Donors and promotional material)

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Did you attend College of Marin?  Yes  No Alumni Class Year \_\_\_\_\_

### CONTRIBUTION INFORMATION

My/Our contribution is to be used for this program/fund:

Area of Greatest Need

EOPS

Performing Arts

Athletics

Fine Arts Gallery

Science Museum

COM Cupboard

Marin Oratorio

Seiderman Institute

COM Retiree Scholarship

Mini-Med

Student Scholarships

Drama

Music

Veterans Services

Eldridge Book Grant Fund

Nursing Program

Donor Designated  
\_\_\_\_\_

### PAYMENT OPTIONS

Donations of \$1,000 or more are eligible to be in the President's Circle.

\$1,000  \$500  \$250  \$100  \_\_\_\_\_

Check made payable to Marin Community College District

Make a secure online donation at **advancement.marin.edu**

My/Our contribution is eligible for a corporate match. (Please attach matching gift form).

This is an anonymous contribution

Please send me information on including College of Marin in my/our estate plan.

Please send me information about the 1926 Laegacy Society.

**Thank you for your support of College of Marin!**

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