BROOME COMMUNITY COLLEGE
FOUNDATION, INC.

Building a brighter future through your support!

Please complete form and mail to:
BCC Foundation, Inc.
PO Box 1017
Binghamton, NY 13902-1017

Name _____

Home address _____

City, State, Zip code_____

Telephone _____

E-mail address _____

Please designate my/our gift of $_____ as follows:

$_____ Where the need is greatest (Annual Fund)

$_____ Other (please specify) _____

❑ Enclosed is my check, payable to BCC Foundation, Inc.

❑ Please charge my gift to (circle one): VISA MasterCard

ACCT # _____ EXP. DATE: _____

SIGNATURE: _____CARD CODE: _____

❑ This is a pledge payment

❑ This gift is in honor / memory (circle one) of _____

❑ I wish to receive joint credit with my spouse.

_____
SPOUSE FULL NAME (FORMER IF APPLICABLE)

❑ My spouse is also a BCC graduate _____
Class Year

❑ I have enclosed a matching gift form from my/my spouse's employer.

Your employer _____

Title/occupation _____

Spouse name _____

Spouse's employer _____

Spouse's title/occupation _____

Please feel free to call (607) 778-5182 if you have any questions or need assistance with this form. You may visit our website at www.broomeccfoundation.org for further information