



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 2887 ROCKVILLE, MD

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: THIRD FLOOR, OFFICE E312
MONTGOMERY COLLEGE FOUNDATION
9221 CORPORATE BOULEVARD
ROCKVILLE, MD 20850-9924



15/8" (0.625")

Yes! I want to support Montgomery College and help students realize their dreams.

Microperforation 5/8" (0.625") from trim edge for credit card compliance

I/we would like to make a gift to the Montgomery College Foundation in the amount of:

- ☐ \$50 (cost of one textbook) ☐ \$75 ☐ \$100
☐ \$175 (cost of one credit hour for full-time student)
☐ \$600 (cost of textbooks each semester)
☐ \$1,000 (average scholarship given to a student each year)
☐ \$2,500 (cost of full-time tuition each semester)
☐ Other \$ _____
☐ I/we want to learn more about legacy giving.

Established in 1982, the Montgomery College Foundation is a registered charitable 501(c)(3) organization created to advance both the quality and scope of educational and public service programs of Montgomery College.

Please direct my gift to:

- | | |
|--|--|
| <input type="checkbox"/> Annual Fund
(directed to areas of greatest need) | <input type="checkbox"/> Dreamers Scholarship Fund
(scholarships for students impacted by the Maryland Dream Act) |
| <input type="checkbox"/> Achieving Collegiate Excellence and Success (ACES) Scholarship
(supports students who are under-represented in higher education) | <input type="checkbox"/> Innovation Fund
(funds new and unique programs to enhance education) |
| <input type="checkbox"/> Need-Based Scholarships | <input type="checkbox"/> Completion of Dreams Endowment |
| <input type="checkbox"/> Emergency Student Fund | <input type="checkbox"/> Other: Please specify: _____ |

My gift is ☐ in honor of: ☐ in memory of: _____

Please provide name and address for sending acknowledgement of gift:

5/8" (0.625")

Payment Information: ☐ Mastercard ☐ VISA Amount: \$_____ Card No.:_____ Exp. Date: __ / __ / __ CVV No.: _____

☐ Check (payable to Montgomery College Foundation) Amount: \$_____ **Microperforation 5/8" (0.625") from trim edge for credit card compliance**

Billing Address (if different): _____

Name on Card: _____ Signature: _____ Date: _____

Gift Information: Gift amount: \$_____ ☐ One-time ☐ Recurring ☐ Payment on existing pledge ☐ My employer will match this gift.

Donor Name(s): _____ ☐ Alumnus, Class Year: _____ ☐ Faculty/Staff ☐ Student ☐ Friend ☐ Parent

Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone: _____ ☐ Home ☐ Office ☐ Cell ☐ Email: _____

To make your gift online, visit montgomerycollege.edu/onlinegiving.