

Waycross College Foundation Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Donation Amount:

- \$100.00
- \$200.00
- \$500.00 & up (President's Club)

Pledge Amount:

- \$100.00
- \$200.00
- \$500.00 & up (President's Club)
- Invoice me: March \$ _____ June: \$ _____ Sept.: \$ _____ Dec.: \$ _____

Donation Preference:

- Adults Start College Fund
- BEST Fund
- David John's Fund
- General Fund (Unrestricted)
- International Study Abroad Fund
- PREP Fund
- Scholarship Fund (please specify) _____

[*Click here](#) to see scholarships and funds.

Memorial or Honor Donations:

Please complete the following information if you would like your donation in memory or in honor of someone.

Name of person: _____

Send acknowledgement of gift to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Are you a Waycross College alumnus? Yes: _____ No: _____