



SADDLEBACK COLLEGE FOUNDATION

28000 Marguerite Parkway • Mission Viejo, CA 92692
949.582.4479 • www.saddleback.edu/foundation

Supporting Student Success through Scholarships

2022-23 Scholarship Donation Form

Contributing to the Saddleback College Foundation scholarship program is giving the gift of an education. Thank you.

I/We pledge to give \$ _____ as a one-time amount
 in _____ *monthly payments of \$ _____

- Check is enclosed
- Online or through this form with credit card
- Using payroll deduction (SOCCCD staff only) *to receive matching funds monthly payroll deduction must be \$35/month for 10-month employees and \$30/month for 12-month employees.

Choose the type of scholarship you would like to support:

Endowed Scholarship - gifts of \$25,000 or more \$ _____
Endowed scholarships provide support for Saddleback College students in perpetuity and will be invested when the balance reaches \$25,000 – payments to reach that amount can cover the course of three years. Please complete the new scholarship section below.

Named Scholarship - gifts of \$1,000 or more \$ _____
Gifts of \$1,000 and over qualify the donor to name a new scholarship and to specify criteria that recipients must meet. Please complete the new scholarship section below.

Existing Scholarship Funds - gifts of any amount \$ _____
Thanks to the generous support of past contributors, many programs on campus have scholarships to support their area. There are also a number of memorial scholarships (a list of existing scholarships, both annual and endowed will be provided upon request or visit website at www.saddlebackcollegegiving.org/scholarships).

Name of existing scholarship _____

General Scholarship Fund - gifts of any amount \$ _____
Gifts are pooled to support additional general scholarships.

***Please add 5% admin fee** Fee Amount \$ _____

Total \$ _____

I am creating a new Endowed or Named scholarship and these are my wishes:

Scholarship name: _____

Criteria requirements (may include: minimum GPA, financial need, specific program or major):

Contact and payment information:

Is this a gift from an individual or from an organization?

Donor/Organization Name _____

Scholarship Representative Name (if different from donor name) _____

E-mail Address(es) _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Phone Number(s) Home _____ Work _____ Cell _____

I would like to pay \$ _____ by Credit card: Visa MasterCard American Express (please circle)

Credit Card Number: _____

Expiration Date: _____ CVC Code _____
(3 digit number on back of card or 4 digit on front of American Express)

I authorize Saddleback College Foundation to process ____ monthly recurring payments of \$ _____ beginning on this date _____ and ending on this date _____

Billing Address (if different from mailing address) _____

City _____ State _____ Zip Code _____

Signature

Date

*Please make all checks out to **Saddleback College Foundation**
Please send all scholarship pledge forms and donations to:*

**Saddleback College Foundation, AGB 131
28000 Marguerite Pkwy, Mission Viejo, CA 92692**

Or make your gift online at our secure site www.saddlebackcollegegiving.org/scholarships