

**Lawson State Community College Foundation**  
*Contribution Response Form*

Please let us know the following so that we may properly credit your contribution:

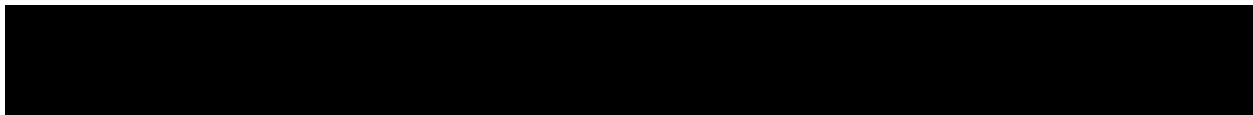
Mr./Ms./Mrs./Dr. (    ) \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_

Did you attend Lawson State?    Yes    No    When \_\_\_\_\_



I am please to make the following contribution as a part of the Campus Giving Program.

\_\_\_\_\_ \$100    \_\_\_\_\_ \$250    \_\_\_\_\_ \$500    \_\_\_\_\_ \$1000    \_\_\_\_\_ \$2,500    \_\_\_\_\_ \$5,000    \_\_\_\_\_ \$10,000

Other \_\_\_\_\_

Specify your preferred amount, if different from those above.

**Indicate Type of Transaction:**

\_\_\_\_\_ Personal Check    \_\_\_\_\_ Cashier's Check    \_\_\_\_\_ Money Order    \_\_\_\_\_ Cash    \_\_\_\_\_ Credit Card    \_\_\_\_\_ Payroll Deduction

\_\_\_\_\_ I would like to fund a scholarship

I would like to contribute by:    \_\_\_\_\_ Check    \_\_\_\_\_ Stocks & Bonds    \_\_\_\_\_ Real Estate & Property    \_\_\_\_\_ Planned Gifts

Apply my contribution to:    \_\_\_\_\_ Visa    \_\_\_\_\_ Mastercard    \_\_\_\_\_ Discover    \_\_\_\_\_ American Express

Card # \_\_\_\_\_

Name Printed on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Please make checks payable to: Lawson State Foundation**

