

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

\$100.00 \$250.00 \$500.00 \$1,000.00 \$2,500.00 \$5,000.00 \$10,000.00

Other _____ Specify your preferred amount, if different from those above.

Dr. Ethel H. Hall Endowed Scholarship \$ _____ Specify your preferred amount.

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 # _____ Expiration Date _____

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

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 _____

Thank you for your support of **Lawson State Community College** and your investment in our future.