

This Gift is from

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Payment Options

Enclosed is my check for \$_____ (*payable to the DCCC Foundation*).

Please bill me: _____ Semi-annually _____ Annually

Give online with a credit card! Go to <https://support.davidsonccc.edu> to make your donation.

My Holiday Gift is in memory of honor of

Please notify _____

Address _____

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My Holiday Gift is in memory of honor of

Please notify _____

Address _____

City _____ State _____ Zip _____

My Holiday Gift is in memory of honor of

Please notify _____

Address _____

City _____ State _____ Zip _____

My Holiday Gift is in memory of honor of

Please notify _____

Address _____

City _____ State _____ Zip _____

The DCCC Foundation must receive your gift by Dec. 16th if you wish for the gift notification to be received by Dec. 25th.