

HACC Foundation Monetary Contribution and Pledge Form

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□ Alumnus □	Board Member	□ Community Partner	□ Donor	□ Employee	□ Parent	□ Student
Name(s):		□ Ms. □ Dr.				
Organization (if	`applicable):	provide address): 🗆 H				
Preferred Addre	ss (check one and	provide address): 🗆 H	Iome □ B	Business		
Street:		$\underline{\hspace{1cm}}$ City rovide number): \Box Hom	•	State: _	Zip:	·
Preferred Phone	(check one and p	rovide number): \square Hon	ne Busines	s □ Cellular		
Preferred Email	(check one and pr	rovide email): □ Person	al Busines	SS		
Please designat	e my gift to the f	ollowing project(s):				
	of Greatest Need					
□ Coope	er Student Center I	Renovation Fund				
□ Other	project (please spe	ecify):				
specified, your ge to donate using	enerous and tax-ded a credit card, pleas	ects, please go to <u>www.ha</u> luctible donation will be a se go to <u>www.hacc.edu/gi</u>	utomatically ap			
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□ Please	send a pleage ren	minder(s) to me based or	i the followin	g information:		
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Tribute Inform	ation					
□ This g	gift is in memory o	of:				
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Additional Info	ormation (<i>please</i> :	select all that apply)				
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Would you like	to remain anony	ymous? □ Yes □ No				
Signature(s):			Date:			
		nd your contribution to:				

Please mail the completed form and your contribution to:

HACC Foundation PO Box 8915 Lancaster, PA 17604-9966

Thank you for your tax-deductible contribution!