



Giving Application

First Name: _____ Last Name: _____
Mailing Address: _____
City, State, ZIP: _____
Phone: _____ Email: _____
Spouse(if applicable): _____

Does your company match gifts made to educational institutions: yes no

Are you a SUNY Orange graduate: yes no

If yes, what was your year of graduation and major: _____

Affiliations (clubs, organizations, etc. you belong to): _____

Amount of Gift:

Payment type: **Check** (payable to the **SUNY Orange Foundation** and mailed to:

Office of Institutional Advancement
Orange County Community College
115 South Street,
Middletown, NY 10940

Credit Card Visa Mastercard American Express

Card Number: _____ Expiration Date: _____

Signature:

Please designate my gift to the following fund:

- Unrestricted Fund
- General Scholarship Fund
- Named Endowed Scholarship: _____
- Named Annual Scholarship: _____

<http://www.sunyorange.edu/scholarships/>