

Hinds Community College Foundation
Giving Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I am a Hinds alumnus yes no Last semester/year attended: _____

Enclosed is my gift of \$ _____ payable to Hinds CC Foundation.

I would like to support Hinds Community College students through:

- General Scholarship Fund
- Add my gift to the _____ Scholarship Fund
- Annual Fund (use where most needed)
- Other (please specify) _____

My gift is in ____ honor ____ memory of: _____

Send an acknowledgement of my gift to: _____

Contact information: _____

To charge your contribution to your Discover, Visa or Mastercard, contact the Foundation office at 601.857.3363.

To establish a scholarship, contact Tracy Morgan, (601)857-3800, tracy.morgan@hindscc.edu

Hinds Community College Foundation, P. O. Box 1100, Raymond, MS 39154