

***SJRCC Foundation Donation Form***

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5001 St. Johns Avenue  
Palatka, FL 32177  
386-312-4100 (office), 386-312-4024 (fax)

Name of Donor: \_\_\_\_\_

Organization: \_\_\_\_\_

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Email Address: \_\_\_\_\_

*I would like to contribute \$* \_\_\_\_\_

*Please charge my:*

- Visa                       Discover  
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*Credit Card #:* \_\_\_\_\_

*Credit Card Expiration Date:* \_\_\_\_\_

*Or my check is enclosed*

*Please use my donation for:*

- |  |   |
|--|---|
| <input type="checkbox"/> Area of greatest need                   | <input type="checkbox"/> Workforce Education        |
| <input type="checkbox"/> EPI Teacher Certification               | <input type="checkbox"/> Faculty Development        |
| <input type="checkbox"/> Thrasher-Horne Center for the Arts      | <input type="checkbox"/> Nursing Program            |
| <input type="checkbox"/> <b>New</b> Orange Park Nursing Facility | <input type="checkbox"/> Adult Education            |
| <input type="checkbox"/> Criminal Justice Program                | <input type="checkbox"/> Athletics                  |
| <input type="checkbox"/> Library                                 | <input type="checkbox"/> Florida School of the Arts |

Or, I would like to establish my own scholarship through the SJRCC Foundation (if checked, you will be contacted by the Foundation Office to discuss your options.)

*• Thank you for your contribution. Please mail this form and contribution back to the above address. Your gift is tax-deductible to the fullest extent allowed by law. A receipt for your donation will be mailed to the address you have listed as soon as your donation has been processed.*