The **Campaign** for Oxnard College Athletics Oxnard College Foundation



| Please accept my donation | on in the amount of \$ | | which will support the mission of the | |
|---------------------------|--|-------|---|---|
| _ | _ | | financial assistance to the college's | |
| students. These funds ar | e to be used to enhance equip | m | ent, competition, and travel for the | |
| following sport(s): | | | | |
| ☐ Women's Soccer | | | Men's Basketball | |
| ☐ Men's Soccer | | | Softball | |
| ☐ Cross Country | | | Baseball | |
| □ Women's Volleyb | all | | General Athletics | |
| ☐ Women's Basketb | all | | Athletic Training | |
| Type of payment: | | | | _ |
| Check # | _ Make check payable to Oxnard College | e Fo | oundation, 4000 S. Rose Ave, Oxnard, CA 93033 | |
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For information on the Oxnard College Foundation, please call Connie Owens at (805) 986-5889. Your charitable gift qualifies for 100% federal tax benefit from Oxnard College Foundation, a 501(C) (3) non-profit corporation: Federal Tax I.D. #77-0003378.