

El Camino Christian College Donation Form

Donation Amount: \$ _____
First Name : _____
Last Name: _____
Email: _____
Confirm Email: _____

Gift Details

_____ University Fund (where most needed)

_____ Student Scholarships

_____ Other (Please fill in designation below)

Designation: _____

___ One Time Gift

___ Will Make In Installments

___ Will Make a recurring Gift

Matching Gift

Employer/Spouse Employer _____

Memorial and Honor Gifts

My gift is in Memory of _____

My Gift is in Honor of _____