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Did you attend College of Marin? Yes No Alumni Class Year _____

CONTRIBUTION INFORMATION

My/Our contribution is to be used for this program/fund:

Area of Greatest Need

EOPS

Performing Arts

Athletics

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Drama

Nursing Program

Veterans Services

Eldridge Book Grant Fund

PAYMENT OPTIONS

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\$1,000 \$500 \$250 \$100 _____

Check made payable to Marin Community College District

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This is an anonymous contribution

Please send me information on including College of Marin in my/our estate plan.

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