



The College of The Bahamas Annual Fund Pledge Card

Name: _____

Degree 1: _____ Grad Year: _____

Degree 2: _____ Grad Year: _____

Tel: [h] _____ [w] _____

[m] _____ Fax: _____

E-mail: _____

P. O. Box: _____

Street Address: _____

Island/Settlement/State: _____

Country: _____ Post Code: _____

Employer: _____

Job Title: _____

Deliver this card with your gift to our office in the A-Block or send to:

Annual Fund
Alumni Relations & Development Office
The College of The Bahamas
Oakes Field Campus
Thompson Boulevard
P. O. Box N-4912
Nassau, The Bahamas

Questions about the Annual Fund? Call the Alumni Office at
(242) 302-4357 or e-mail alumni@cob.edu.bs

See other side for giving details.

Payment Details

By Credit Card

Debit Card

Visa

Mastercard

Card #: _____

Exp. Date: _____ CSV #: _____
[mm/yy]

Monthly Payments:

\$ _____ x _____ months = \$ _____

OR

\$ _____ each month until further notice

Single Payment of \$ _____

By Cheque payable to The College of The Bahamas

I would like to donate:

\$100
 \$1000

\$250
 \$1500

\$500
Other: \$ _____

The College's Greatest Needs

- Scholarships & Student Aid
- Northern Bahamas Campus
- School of Business
- Faculty of Liberal and Fine Arts
- Faculty of Pure and Applied Sciences
- Faculty of Social and Educational Studies
- Culinary and Hospitality Management Institute
- The Harry C. Moore Library and Information Centre
- Athletics

I am interested in volunteering with the Alumni Society.

I am interested in hosting an alumni event on a Family Island.

I am interested in Planned Giving.

My gift is in memory/honour of
