



THE COLLEGE OF THE BAHAMAS  
**ANNUAL FUND PLEDGE CARD**

Name: \_\_\_\_\_

Degree: \_\_\_\_\_  
(If Graduate)

Graduation Year: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

(m) \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Please Check The Appropriate Boxes

I Would Like To Donate:

\$10       \$25       \$50   
\$100       \$250       Other: \$ \_\_\_\_\_ To

- The College's Greatest Needs
- School Of Business
- Faculty Of Social & Educational Studies
- Scholarship & Student Aid
- Faculty Of Liberal & Fine Arts
- Harry C. Moore Library
- Faculty Of Pure & Applied Sciences
- Culinary & Hospitality Management Institute
- Athletics
- Northern Bahamas Campus

# ANNUAL FUND PLEDGE CARD

## PAYMENT DETAILS

**By Automatic Monthly Bank Deduction**

**By Cheque**

Please make your cheque payable to ‘The College of The Bahamas’ and send with this pledge card to:

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

**For further giving options including on-line giving by credit card, visit <http://my.cob.edu.bs/>**

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**For Faculty and Staff Only** (By Salary Deduction)

Please complete and sign the following consent sentence to give your authorisation.

Department \_\_\_\_\_

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Position \_\_\_\_\_

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“I agree for \$ \_\_\_\_\_ per month to be deducted from my salary for a period of \_\_\_\_\_ months to provide a donation for The College of The Bahamas.

**OR**

I would like to support The College with a single gift of \$ \_\_\_\_\_.

Signature \_\_\_\_\_”

**For questions regarding the Annual Fund please call 242-302-4357.**