

HCAC Pledge Card

Please complete the following information to pledge your support of the HCAC Scholarship program and mail to:

HCAC Scholarship Program
P.O. Box 3151, Hayward, CA 94540

Your Name: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

I am interested in:

- Participating as a volunteer on the HCAC Scholarship Program
- Becoming involved with the Board of Directors or Advisory Board
- Pledging a donation for the HCAC Scholarship Program in the amount of _____
- My company's support of the Scholarship Program
- Other, please specify: _____

Thank you!!

HCAC Membership Application

New Address

New Membership

Membership Renewal

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Business or Organization Affiliation:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person : _____ Phone : _____

Membership desired: Regular (\$50.00) Institutional (non-voting) (\$100.00)

Contribution to Scholarship Fund: \$ _____

Total Enclosed:
\$ _____

Donations are tax deductible. HCAC's 501 (c)(3) number is 94-2951649

Please make checks payable to HCAC. Mail this form to P.O. Box 3151, Hayward, CA 94540