

Individual Gift Form

Title: ☐ Mr. ☐ Mrs. ☐ Ms.

Date _____

Contributor's First Name _____ Last Name _____

Address _____ City _____ Zip _____

Phone _____ FAX _____ Email _____

_____ Please accept my contribution of \$ _____.

OR

_____ I would like to pledge a multi-year contribution totaling \$ _____.

Apply my multi-year contribution in the following years for the amounts indicated below:

\$ _____	2012-13 (current year)	\$ _____	2015-16
\$ _____	2013-14	\$ _____	2016-17
\$ _____	2014-15	\$ _____	2017-18

For your convenience, the Foundation office will send an annual invoice starting with year two of your multi-year investment. Annual invoices are sent the same month the first-year investment was received.

Please designate my gift to an area that supports (select one):

- ☐ Excellence
 ☐ Access
 ☐ Innovation
 ☐ Area of Greatest Need
- ☐ Specific Program: _____

Method of Payment:

- ☐ Enclose a check payable to The Foundation @ FCOE
 ☐ Credit Card ___ Visa ___ Mastercard ___ American Express

Card Number _____

Card Security Code _____

Expiration Date _____

- ☐ Stock Transfer

Name on Card _____

Authorized Signature _____



Check this box if you wish to remain anonymous ☐