

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 _____

Name on Card _____

- Stock Transfer

Authorized Signature _____



Check this box if you wish to remain anonymous