

ROCK VALLEY COLLEGE FOUNDATION

Section 1: Donor Information

Name: _____ Spouse: _____

Address: _____

Business Name: _____

Business Address: _____

Daytime Phone: _____ E-Mail Address: _____

If you don't mind, please tell us a bit more about yourself: (write your first name in the blank beside each category that applies to you)

Alumnus/Alumna: _____

Former Employee/Current Retiree: _____

Former Board of Trustee or Foundation Member: _____

Attend Cultural or Community Education Courses at RVC: _____

Section II: Gift Allocation

Annual Support – please apply my gift to the area of most need\$ _____

Capital Support – please apply my gift to the Campaign for Rock Valley College.....\$ _____ Total \$ _____

Section III: Gift Instructions

This gift is (check one): in honor of on behalf of in memory of Name: _____

Section IV: Other Gift Opportunities

I would like to speak with a representative of the Foundation office regarding:

- | | | |
|---|--|--|
| <input type="checkbox"/> Bequests | <input type="checkbox"/> Gifts of Appreciated Assets | <input type="checkbox"/> Named Gift Opportunities |
| <input type="checkbox"/> Charitable Trusts or Annuities | <input type="checkbox"/> Named Endowment Funds | <input type="checkbox"/> Campus Beautification Opportunities |
| <input type="checkbox"/> Gifts of Tangible or personal property | | |

Is Rock Valley College in your will or other testament plans? yes no would consider

Section V: Giving Clubs

The Rock Valley College Foundation is pleased to offer the following Giving Clubs:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> New Millennium Club
Accumulated gifts of \$10,000 or more | <input type="checkbox"/> Capstone Club
\$1,000 | <input type="checkbox"/> Sandstone Club
\$250 - \$499 | <input type="checkbox"/> Cornerstone Club
Up to \$100 |
| <input type="checkbox"/> Founders Club
Accumulated gifts of \$50,000 or more | <input type="checkbox"/> Granite Club
\$500 - \$999 | <input type="checkbox"/> Bridge Builder Club
\$249 - \$100 | |

Section VI: Payment Information

Please charge my: Master Card Visa Check enclosed: \$ _____

Card Number: _____ Expiration Date: _____

Name: _____ Signature: _____