A GIFT *for* Dallas College Foundation
GIFT FORM

DALLAS COLLEGE FOUNDATION

MY GIFT TO DALLAS COLLEGE FOUNDATION

I/We wish to contribute $ _____
in the following manner (fill in all that apply):

CURRENT OR CASH GIVING

❍ Immediately in cash, securities, or real properties..... $ _____

❍ Immediately as a one-time credit card charge. .$_____

❍Mastercard ❍Visa ❍AMEX ❍Discover

Card #: _____ Exp: _____

Name on card: _____

❍ Annual amount of $ _____
over _____ years (maximum of 5 years)
totaling..... $_____
Starting in the year: _____
I/We prefer to make annual contributions in the month(s) of:
❍ Jan ❍Feb ❍Mar ❍Apr ❍May ❍Jun
❍ Jul ❍Aug ❍Sep ❍Oct ❍Nov ❍Dec

❍ I/We prefer to opt out of emailed pledge reminders
(if checked, printed reminders will be mailed)

❍ Annual corporate match $ _____
over _____ years, totaling..... $_____

PLANNED GIFTS: SUPPORTING DOCUMENTATION REQUIRED

❍ A planned gift in the (approximate) amount of ..... $_____
❍Charitable Lead Trust ❍Charitable Remainder Trust
❍Beneficiary of Retirement Plan Assets ❍Life Insurance
❍Bequest of Property ❍Charitable Gift Annuity
❍Bequest via Will(s) or Personal Trust(s)

OTHER *(please specify)* _____

TOTAL CONTRIBUTION $ _____

This contribution is designated as follows:

❍ Opportunity Fund - Unrestricted for the area of greatest need across Dallas College.

❍ Designated as follows *(indicate dollar amount to each area)*:

_____
_____
_____
_____

Please check one of the following:

❍ This pledge is in addition to any other existing pledges to Dallas College Foundation.

❍ This pledge replaces an existing pledge to Dallas College Foundation.

❍ I wish to remain anonymous

DONOR RECOGNITION

Desired form of listing for all relevant donor recognition, including donor memento and honor rolls
(*i.e. Dr. & Mrs. John Doe, John and Mary Doe, etc.):*

_____
_____
_____
_____

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____

COMMUNICATION PREFERENCES

❍ I am interested in opting into communications about Dallas College Foundation

❍ Please send me information on making a planned gift to Dallas College Foundation.

I/We prefer to receive mail at my/our ❍ Residence(s) ❍ Business

Names and birth dates of children:

_____
_____

(please indicate Dallas College graduation or attendance dates if applicable)

_____
_____

Campus organizations, memberships, professional association memberships and additional significant information about you or your family that you would like to share:

_____
_____

TO PROTECT YOUR INFORMATION, DO NOT EMAIL THIS DOCUMENT IF YOU HAVE PROVIDED YOUR CREDIT CARD DETAILS ABOVE.

CONFIDENTIAL

- Over -

Date: _____

CONFIDENTIAL BIOGRAPHY *(please print clearly)*

NAME

_____
Title, First Name, Middle Name, Last Name

_____
Nickname Birth Last Name (if different)

Attend Dallas College: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

Birth Date: _____

Preferred Email: _____

Mobile Phone: _____

RESIDENCE

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

BUSINESS/ORGANIZATION

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Ext.: _____

SPOUSE OR DOMESTIC PARTNER

_____
Title, First Name, Middle Name, Last Name

_____
Nickname Birth Last Name (if different)

Attend Dallas College: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

College/University: _____

Year: _____ Degree: _____ Major: _____

Birth Date: _____

Preferred Email: _____

Mobile Phone: _____

SEASONAL OR OTHER RESIDENCE

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Dates Applicable, From: _____ To: _____

SPOUSE OR DOMESTIC PARTNER'S BUSINESS

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Ext.: _____

Please remember to complete section Donor Recognition on the reverse side of this form.

Office use only

Staff Name: _____

Constituent ID(s): _____

Appeal Code: _____ Autoqualify ❍

Present value of future gift: _____

DALLAS COLLEGE FOUNDATION

Please make checks payable to "Dallas College Foundation, Inc." and return to:

Dallas College Foundation, Inc.
1601 Botham Jean Blvd., Ste 130
Dallas, TX 75215

For questions, call 214-378-1531, 8 a.m. to 5 p.m. CT, Monday-Friday, or visit our website at www.foundation.dallascollege.edu