DONOR INFORMATION

Donor name(s) for gift c	rediting and acknow	ledgment purposes				
Donor display name(s) t	o be published for gi	ft recognition, if dif	ferent from above			
I do not war	nt my name publis	shed for purpose	of recognition.			
Program (Name of	Fund):					
Trogram (Name of	T dila).					
Address				Phone		
City	State		Zip	Email		
GIVING METHOD						
	vill be paid to Bato	on the Rouge Cor	mmunity College Found	ation in the following	manner:	
Option #1: One-time.	. (Check enclosed m	nade payable to Ba	aton Rouge Community C	ollege Foundation)		
\$5,000 Annually	\$2,000 Annually	\$1,000 Annually	\$500 Annually (Under 40)	Other Amount \$		
Option #2: Credit Car	d. For secure credit	card processing,	please scan QR code to onli	ne giving form.		
Option #3: Pledge. To	otal amount of pled	ge \$	Monthly	Quarterly	Annually	
		Pledge	Payment Schedule			
<u>Y</u>	<u>ear</u>		<u>Month</u>		<u>Amount</u>	
Ensure 100% of Your G	ift is Annlied to Imr	nact!				
	you can choose to in contribution ensure		l gift of 5% to cover the mar original gift goes directly to	nagement fee associated ward the programs you	l with administrative ar wish to support while o	าd also helpinรู
Total of Add	litional Gift \$					
Matching Gift						
Yes, my employe	r matches gifts.					
Company Nam	ne:					
I have er	nclosed the matchin	ng gift form.	I will send the form a	at a later date.		
Authorization						
Print Name			Title (if	applicable)		_
 Signature			 Date			