## **DONOR INFORMATION**

I do not want my name published for purpose of recognition.  Program (Name of Fund):  By State Z/p Email  IVING METHOD  Is commitment will be paid to Baton the Rouge Community College Foundation in the following manner:  polion #2 Credit Card. For secure credit card processing, please visit https://nursing.mybroc.edu/#invest  polion #3 Pleadge. Total amount of pleage \$					
Program (Name of Fund):	onor name(s) for gift crea	liting and acknowledgment pu	rposes		
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Ity State Zip Email  STUNG METHOD  In its commitment will be paid to Baton the Rouge Community College Foundation in the following manner:  Option #1: One-time. (Check enclosed made payable to Baton Rouge Community College Foundation) One-time gift in the amount of \$	I do not want i	my name published for pur	pose of recognition.		
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Pledge Payment Schedule  Year Month Amount  Sensure 100% of Your Gift is Applied to Impact!  Say selecting this option, you can choose to include an additional gift of 5% to cover the management fee associated with administrative and levelopment costs. This contribution ensures that 100% of your original gift goes directly toward the programs you wish to support while also helping ustain the foundation's aperational needs.  Total of Additional Gift \$  Matching Gift  Yes, my employer matches gifts.  Company Name:  I have enclosed the matching gift form.  I will send the form at a later date.  Authorization  Print Name  Title (if applicable)	SIVING METHOD				
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