



# Nursing & Allied Health Donor Intent Form

This gift will be used for the benefit of the Nursing & Allied Health Building and Program.

## DONOR INFORMATION

Donor name(s) for gift crediting and acknowledgment purposes

Donor display name(s) to be published for gift recognition, if different from above

I do not want my name published for purpose of recognition.

Please list our naming opportunity as:

Address

Phone

City

State

Zip

Email

## GIVING METHOD

This commitment will be paid to Baton 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 \$ \_\_\_\_\_

Option #2: Credit Card. For secure credit card processing, please visit <https://nursing.mybrcc.edu/#invest>

Option #3: Pledge. Total amount of pledge \$ \_\_\_\_\_ Monthly Quarterly Annually

### Pledge Payment Schedule

<u>Year</u>	<u>Month</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Ensure 100% of Your Gift is Applied to Impact!

By selecting this option, you can choose to include an additional gift of 5% to cover the management fee associated with administrative and development costs. This contribution ensures that 100% of your original gift goes directly toward the programs you wish to support while also helping sustain the foundation's operational 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)

Signature

Date