

# DONATION/PLEDGE FORM



## Donor Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle: \_\_\_\_\_ Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ☐ Work ☐ Cell ☐ Home

Email Address: \_\_\_\_\_

☐ I/We would like this gift to remain anonymous.

☐ Please acknowledge our gift under the name of: \_\_\_\_\_

## Donation Information

### A One-Time Donation/Pledge in the Amount of:

☐ \$5,000 ☐ \$2,500 ☐ \$1,000 ☐ \$500 ☐ \$100 ☐ \$50 ☐ Other: \$ \_\_\_\_\_

### A Repeating Donation/Pledge as Follows:

**Donation Amount:** \$ \_\_\_\_\_ to be paid ☐ Monthly ☐ Quarterly ☐ Yearly for \_\_\_\_\_ years.

Designated for: \_\_\_\_\_

*(If no designation, donation will be applied to the Volunteer State Fund.)*

### Matching Contributions

Does your employer match donations? ☐ Yes ☐ No

Please include a signed Matching Donation Form from your employer if applicable.

## Payment Method

☐ Check enclosed and mailed to the address below.

*Checks should be made payable to VSCF (Volunteer State College Foundation.)*

☐ For credit card payment go to [www.volstate.edu/give](http://www.volstate.edu/give) or contact the Foundation at (615) 230-3506

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer State College Foundation

1480 Nashville Pike

Gallatin, TN 37066

100% of your investment goes to benefit students

(615) 230-3506 [www.volstate.edu/give](http://www.volstate.edu/give)

*VSCF is a 501 (c)(3) non-profit organization. All gifts are tax deductible as allowed by law.*