

DONOR INFORMATION (Please print information legibly.) Preferred Name(s): Organization: (If applicable.) Address: __ City/State/Zip: Phone: ____ Email: Birthday: _____ GIVING LEVELS -**GIFT** TYPF ☐ One-Time Cash/Credit: \$100,000 < **GAME CHANGER** □ \$1,000 □ \$500 □ \$250 □ \$100 □ \$50 □ Other ____ \$50.000 to \$99.999 CHAMPION Recurring Monthly Gift (Credit card only.): \$25,000 to \$49,999 PARTNER Equal payments of \$ _____ over 12 months = \$____ \$10,000 to \$24,999 PATRON Recurring Gift Schedule O 1st of Every Month O 15th of Every Month BENEFACTOR \$5,000 to \$9,999 (You may change or cancel your recurring gift at anytime by notifying the DCCCD Foundation in writing.) My gift will be used for: O LevelUp Scholarship O Food and Hospitality O Early Childhood O Rising Star Scholarship O Other ____ Memorial/Honorary Gift ○ In memory of ○ In honor of: Please send notification of this contribution to the family or individual named below: Address: ___ City/State/Zip: PAYMENT MFTHOD (Select one.) ☐ By Credit Card ■ By Check O Visa O MasterCard O American Express O Discover (Pavable to Dallas County Community College Foundation, Inc.) Card Number: _ _ _ _ _ _ _ Exp. Date: _____ Please mail gift form to: DCCCD Foundation Inc. Name on Card: 1601 South Lamar St. Dallas, TX 75215-1816

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