



The Foundation

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

# GIFT FORM

*Your gift to the DCCCD Foundation will contribute to a student's success.*

## DONOR INFORMATION

Preferred Name(s): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## GIVING LEVELS

### PAYMENT PLAN LEVELS

Legacy Leader \$1 Million Plus

Community Leader \$500,000 - \$999,999

College Champion \$250,000 - \$499,999

Century Circle \$100,000 - \$249,999

Partner \$50,000 - \$99,999

Patron \$10,000 - \$49,999

Benefactor \$5,000 - \$9,999

Sponsor \$1,000 - \$4,999

Colleague \$500 - \$999

### ONE TIME GIFTS

Associate \$200 - \$499

Donor \$25 - \$199

## GIFT AMOUNT

☐ \$50   ☐ \$100   ☐ \$250   ☐ \$500   ☐ \$1,000   ☐ Other \$ \_\_\_\_\_

### My gift will be used for:

- ☐ Rising Star Scholarship   ☐ Chancellor's Council   ☐ Health Careers Resource Center (HCRC)   ☐ STEM Scholars and Fellows Institute  
☐ Annual Fund   ☐ Other \_\_\_\_\_

Memorial/Honorary Gift   ☐ In memory of   ☐ In honor of: \_\_\_\_\_

Notify, Name: \_\_\_\_\_

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

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

## PAYMENT METHOD (Select one)

### ☐ By Credit Card

- ☐ Visa   ☐ MasterCard   ☐ American Express   ☐ Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

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

Pledge Payment Schedule (Credit card payment plan levels only):

- ☐ Annually   ☐ Bi-Annually   ☐ Quarterly   ☐ Monthly

### ☐ By Check

(Payable to DCCCD Foundation, Inc.)

### Please mail gift form to:

DCCCD Foundation Inc.  
1601 South Lamar St.  
Dallas, TX 75215-1816

☐ Check here if you do not want your name  
to appear in Foundation publications.