

## DONOR INFORMATION (Please print information legibly.)

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

Organization: (If applicable.) \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### GIVING LEVELS

<b>GAME CHANGER</b>	\$100,000 <
<b>CHAMPION</b>	\$50,000 to \$99,999
<b>PARTNER</b>	\$25,000 to \$49,999
<b>PATRON</b>	\$10,000 to \$24,999
<b>BENEFACTOR</b>	\$5,000 to \$9,999

### GIFT TYPE

One-Time Cash/Credit:  
 \$1,000    \$500    \$250    \$100    \$50    Other \_\_\_\_\_

Recurring Monthly Gift (Credit card only.):

Equal payments of \$ \_\_\_\_\_  
 over \_\_\_\_\_ months = \$ \_\_\_\_\_

Recurring Gift Schedule    1st of Every Month    15th of Every Month

*(You may change or cancel your recurring gift at anytime by notifying the Dallas College Foundation in writing.)*

**My gift will be used for:**

\_\_\_\_\_

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

*Please send notification of this contribution to the family or individual named below:*

**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: \_\_\_\_\_

**By Check**

*(Payable to Dallas College Foundation, Inc.)*

**Please mail gift form to:**

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

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