

**Labette Community College
Athletic Complex Campaign
Donation Form**

Personal/Business Contact Information

DOB: _____

DOB: _____

Name(s): (Please print name(s) as you would like it to appear on recognition pieces)

Street Address

City State Zip Code

Telephone Number E-mail Address

Gift given in memory of _____ Gift given in honor of _____

Pledge and Gift Information

Gift Designation

- Naming of Wrestling Room
- Class of 1969
- Pete and Mary Hughes naming
- Basketball teams 1951-61
- Athletic Complex

Type of Gift

- Pledge (complete Pledge Terms and Payment Information below)
- Outright gift of cash (complete Payment Information below)
- Other _____

Pledge Terms (please complete for pledges only)

We/I hereby pledge our/my gift of \$ _____ to be paid
in installments of \$ _____ (monthly, quarterly, semi-annually, or annually) over a period of
_____ year(s). Beginning on _____ (month/day/year).

I/We have named LCC as a beneficiary of my/our estate for an approximate value of _____.

Payment Information (please complete for all types of cash gifts)

- Personal check (made payable to Labette Community College Foundation)
- Cash
- Payroll Deduction (Available for LCC Employees)
- Electronic Funds Transfer (See Reverse)
- My employer has a matching gift program. Enclosed is my employer's form with my payment.
- Other _____

Signature: _____ **Date:** _____

Keep My Name Anonymous

A one-time 3% allocation to the administrative services fund applies to all gifts made to the Foundation. This allocation is necessary to cover administrative services such as record keeping, financial statements, communications, fund raising, grant applications, etc. All donors receive full credit for the total gift amount.

Please remit payment to: Labette Community College Foundation, 200 S. 14th Street, Parsons, KS 67357

Authorization for Electronic Funds Transfer

Enroll me/us in the Electronic Funds Transfer Program for one of the following amounts (minimum \$5):

\$50 \$75 \$100 \$200 \$250 Other \$ _____

My gift is designated for the following purpose:

Athletic Complex Campaign Scholarships Other _____

I/We authorize LCC Foundation to debit the amount indicated above each month to my/our account below and the Financial Institution named below, hereinafter called Financial Institution, to debit same to such account. I/We acknowledge the origination of Automated Clearing House transactions to my/our account must comply with the provisions of U.S. law.

Financial Institution _____

Address _____

City _____ State _____ Zip _____

Type of Account: Checking Savings

Routing/Transit Number Account Number _____

Debits are made on or around the 10th of each month. Please enclose a voided check as this will enable us to confirm your routing/transit number and your account number.

This authorization shall remain in full force and effect until LCC Foundation has received written notification from me, or either of us, of its termination in such time and manner as to afford LCC Foundation and Financial Institution a reasonable opportunity to act on it.

I understand that a record of my gift will be included in my regular bank statements and will serve as my receipt.

Print Name(s) _____

Signature _____ Date _____

Thank you on behalf of our students.

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