



Campus Fund Drive Pledge Form

180 West Campus Drive ♦ Flat Rock, NC 28731-4774 ♦ (828) 694-1710

brccef@blueridge.edu

Yes, I want to help Blue Ridge Community College Educational Foundation provide educational opportunities.

Step 1: Method of Payment (choose one)

Payroll Deduction

I hereby authorize \$_____ be deducted from each payroll () monthly, () quarterly, () semi-annually, or () annually beginning **with the payroll of October 2011** unless otherwise specified. (*Option:* I would prefer that my deduction begin with the month of _____, 201__.) I agree that this deduction will be continuous unless revoked or changed either by a letter or a new payroll deduction form.

Payroll Deduction

I hereby authorize \$_____ be deducted from each monthly payroll beginning _____, 201__, and ending _____, 201__, for a total of \$_____.

Pledge of \$_____. I shall pay said pledge in _____ installments of \$_____ each () monthly, () quarterly, () semi-annually, or () annually beginning the month of _____, 201__.

Gift of \$_____ is enclosed. (Please make checks payable to BRCC Educational Foundation.)

Step 2: Giving Choices (choose one)

My gift is unrestricted.

My gift is restricted to a fund already established in the Foundation (see list of "Endowment Giving Opportunities"):

(The establishment of new accounts must be approved by the Foundation Board of Directors.)

Step 3: Giving Information

Name _____

(This is how you would like to be referred to in the Annual Report, e.g., either "Mr. and Mrs. John Smith" or "Mrs. Sue Smith.")

I prefer that my gift remain anonymous.

Complete the following **only** if you are a new donor or your address and/or phone number have changed within the year:

Address _____ Phone # _____

City _____ State _____ Zip _____

Signature _____ Date _____

No goods or services have been provided by Blue Ridge Community College Educational Foundation in return for this contribution.

White Copy - Foundation Yellow Copy - Administrative Services Pink Copy - Employee