

DONATION/PLEDGE FORM



Donor Information

Last Name: _____ First Name: _____
Middle: _____ Title: Dr. Mr. Mrs. Ms. Other _____
Address _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Work Cell Home
Email Address: _____
 I/We would like this gift to remain anonymous.
 Please acknowledge our gift under the name of: _____

Donation Information

A One-Time Donation/Pledge in the Amount of:

\$5,000 \$2,500 \$1,000 \$500 \$100 \$50 Other: \$ _____

A Repeating Donation/Pledge as Follows:

Total Donation Amount: \$ _____ to be paid in installments Monthly Quarterly Yearly
for a period of 1 Year 2 Years 3 Years 4 Years 5 Years

Designated for: _____
(If no designation, donation will be applied to the Volunteer State Fund.)

Matching Contributions

Does your employer match donations? Yes No

Please include a signed Matching Donation Form from your employer if applicable.

Payment Method

- Check/Money order enclosed and mailed to the address below.
Checks should be made payable to VSCF (Volunteer State College Foundation.)
 For credit card payment please call 615-230-3509.

Signature: _____ Date: _____

Volunteer State College Foundation
1480 Nashville Pike
Gallatin, TN 37066

615-230-3506 www.volstate.edu/foundation 615-230-3508 (fax)

VSCF is a 501 (c)(3) non-profit organization. All gifts are tax deductible as allowed by law.

Rev.02/02/16