

Affiliation: Alumni Employee Student
 Parent Supporter

Prefix: Mr. Mrs. Ms. Dr. Other _____

Name: _____
First Middle Last

Organization: _____

Address: _____
Street

City

State

Zip

Phone: _____
Preferred Other

E-mail: _____
Home Work

Date of Birth: _____

Gender: Male Female

Marital Status: Single Married Divorced Widowed

Spouse Name: _____
First Middle Last

Matching Gifts

You can double or triple the size of your gift if you are employed by a company with a matching gift program. To see if your employer has a matching gift program, contact your human resources department.

- I'm not sure, please contact me.
- I have enclosed a matching gift form from my employer.
- I have already processed my matching gift form.

Please send information about:

- Including LFCC in my estate plans
- Funding a Scholarship Donating stock to LFCC



Lord Fairfax Community College
 Educational Foundation, Inc.
 173 Skirmisher Lane
 Middletown, VA 22645
www.lfccfoundation.org

Donation Card

Yes, I want to support LFCC!

Please accept my gift of

\$500 \$250 \$100 \$50 Other: _____

I pledge \$ _____ to be paid in full by _____.

Please mail a pledge reminder to me:

Monthly Quarterly Annually Other _____

Please designate my gift to the following purpose(s):*

- Cornerstone Fund (where it's needed most)
- Scholarship(s) _____
- Athletics Other _____

*A nominal administrative fee of 1.5 percent is deducted from all contributions. The remaining amount will be deposited into the fund designated by the donor. One hundred percent of the contribution is tax deductible. Also, donor acknowledgement letters will reflect 100 percent of the contribution.

Memory/Honor:

- My gift is in memory of: _____
- My gift is in honor of: _____
- Please notify _____ of my gift
at _____

May the college publicly acknowledge this commitment?

(Please note: By checking "yes," you are authorizing the Foundation to list you as a donor in Foundation publications, such as the Foundation annual report.)

Yes No

Please accept my payment:

- Enclosed is a check (made payable to the LFCC Educational Foundation)
- I would like to contribute through payroll deduction (LFCC employees only). Please deduct \$ _____ from each paycheck beginning on _____ until _____. My employee identification number is _____.
- Charge my credit card: Visa MasterCard AMEX

Signature _____

Card Number _____

Exp. Date _____

Thank you for your gift!