



# Mid-South Community College Foundation Annual Fund

I would like to participate by giving...

**\$25      \$50      \$100      \$500      \$1000      Other: \$\_\_\_\_\_**

My gift will be matched by my employer (Employer will provide necessary information and forms)

### Donor Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Student Information (if applicable)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

### Donation Information

Please direct my gift to:

Area of Greatest Need      Scholarships  
Parent Partnership Fund      Other (please specify below)

I wish to pay by:

Credit Card      Check      Stock Transfer

Charge to Credit Card:

Visa    MasterCard    Discover    American Express

Name \_\_\_\_\_  
As it appears on credit card

Card # \_\_\_\_\_

Amount \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_ (If sent electronically, please type signature to authorize payment)

This gift is made:

In Honor of: \_\_\_\_\_

In Celebration of (Honoree's Name): \_\_\_\_\_

Occasion of Gift (for Celebration): \_\_\_\_\_

In Memory of: \_\_\_\_\_

Please send acknowledgement of my gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The name on the acknowledgement card should read:

\_\_\_\_\_

### Pledge Information

I wish to pledge a    monthly    quarterly    annual gift of \$\_\_\_\_\_

I have included an initial pledge payment of \$\_\_\_\_\_

I wish to complete my pledge over:

Yes, please remind me when my pledge payment is due

1 year    2 years    3 years    4 years    5 years

### Additional Information

I have included MSCC Foundation, Inc. in my will, trust, or estate plan

I would like more information about planned giving options

Please check all categories that apply:

Current Parent    Grandparent    Faculty/Staff    Student  
Trustee/Director    Alumnus    Parent of Alumnus    Other (Please specify)

**Please send this signed form via mail to:** MSCC Foundation  
2000 West Broadway  
West Memphis, AR 72301

**or via email to:** pdcoleman@midsouthcc.edu

*Gifts are tax-deductible to the extent provided by law. Please make checks payable to MSCC Foundation. Questions? Contact Patti Coleman, Foundation Director at pdcoleman@midsouthcc.edu or 870-733-6764*

*"We make a living by what we get; we make a life by what we give." Winston Churchill*