Ellsworth College Foundation 1100 College Avenue | Iowa Falls, IA 50126 Phone 641-648-8575 | fax 641-648-2788

 eccalum@iavalley.edu | ellsworthalum.org

Gift/Pledge Form

[x] Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Partner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Cell [ ]  Home

**Are you an Alumni of ECC?-** [ ]  Yes [ ]  No If yes, what years did you attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Payment-**

[ ]  I/we wish to make an outright gift of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ payable to Ellsworth College Foundation (check enclosed). [ ]  Please charge this gift of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to my/our credit card (authorized signature required at the end of this form.

 Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3 Digit Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pledge-**

[ ]  I/We wish to pledge a total gift of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Paid in equal [ ]  monthly [ ]  quarterly [ ]  semi-annual [ ]  annual installments of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mo/yr). (Please make your pledge no more than 3 years)

[ ]  My/our first payment is enclosed

[ ]  I/we wish to receive pledge reminder letters, based on the above payment schedule.

[ ]  I/we do not wish to receive reminders.

**I would like my gift/pledge to benefit**:

[ ]  *Annual Fund –*These are flexible dollars that help meet unexpected needs throughout the year. This fund helps provide funding to promote the many areas of interest to students, alumni, and friends.

[ ]  *Named or General Endowment* –Named endowments provide support for annual scholarship awards. Endowments can be unrestricted or have awarding criteria (financial need, academic, athletic program, or department are just a few Considerations). The Foundation has more than 140 individual endowments, so please identify the fund you wish to give to or if you would like to establish your own endowment.

Gifts to the general endowment help to fund unrestricted opportunities.

 [ ]  General Endowment [ ] Named Endowment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  *Friends of the Pat Clark Art Collection*

[ ]  *Friends of Calkins Nature Center*

[ ]  *E-Club (Athletics)*

[ ]  *Other Needs*—If you have a specific academic program or project you would like to support, please list it here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Matching Program**-

Many companies will match their employee’s donation to educational and non-profit organizations. Please let us know if you employer will increase your gift with a coordinating donation. Please include any necessary paperwork when returning this form to Ellsworth College Foundation.

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Donor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please include this form with gift/donation to**

**Ellsworth College Foundation**

**, 1100 College Avenue, Iowa Falls, IA 50126**