

This Gift/Pledge is from

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Payment Options

Enclosed is my check for \$ _____ (payable to the DCCC Foundation).

Please bill me: _____ Semi-annually _____ Annually

Use a credit card: Call the Foundation office at 336.249.8186, ext. 6381
or complete the information below:

Visa Mastercard

Card Number _____ Exp. date _____

Matching Gifts

I am eligible for a matching gift from _____

(your company or your spouse's company).

Please Direct My Gift to:

Emerging Needs Fund: This fund, our priority for 2011, allows us to respond to changing needs and new College initiatives. Examples of how we use this fund: to support students, to seek new opportunities for DCCC, to enhance athletics, and to provide emergency assistance.

Specific Named Fund: _____

My Gift is in memory of honor of _____

Please notify _____

Address _____

City _____ State _____ Zip _____

Please do not list me in the DCCC Annual Report