



Celebrate 50 Years



Name(s) of Donor(s):
Address:
City: State: Zip:
Preferred Phone:
Email:
Yes, I can see the future! Here's my commitment to DCCC:
☐ I'm joining <i>The Next 50 Years Club</i> and showing my commitment through monthly gifts of (circle one) \$5 \$25 \$50 other:(I understand that my monthly commitment can be modified at any time by contacting the DCCC Foundation office.)
☐ Sign me up for <i>The</i> +\$50 <i>Club</i> by raising my last annual pledge/gift by \$50, totaling \$ over 12 months.
I'm joining <i>The Legacy Club</i> by making a planned gift. Additional information I wish to provide to the DCCC Foundation office:
☐ Or enter another gift here:
Please direct my gift in the following way (check one or more):
☐ Emerging Needs (unrestricted) Fund, allowing DCCC to respond to changing needs and new College initiatives.
☐ Technology , keeping instruction up-to-date and facilitating active learning in various programs.
☐ Faculty and Staff Development, providing relevant learning in content areas and in effective practices in order to improve student success and student preparation for jobs; keeping faculty credentials up to date.
☐ Student Life, including support for events, clubs and service learning in order to engage students in the College and the community.
☐ Athletics, including the purchase of equipment and support of travel for athletes to competitive events; keeping students engaged in College activities.
☐ International Education, providing travel funds for students to study abroad or supporting visiting faculty and students from partner colleges in other countries; supporting faculty exchanges between DCCC and partner colleges.
☐ Campus Beautification, including landscaping plan, arboretum and nature and wellness walks.
☐ Entrepreneurship, supporting the classroom and experiential opportunities that help students pursue their visions for future businesses and organizations.
☐ Necessity Grants, supporting students with emergency needs and other financial hardships that threaten their chances of staying in school.
□ Specifically Named Fund:
Honor/Memorial Gifts
My gift is in □ memory of □ honor of
Please Notify:
Address:
City: State: Zip:
Payment Options
☐ I authorize DCCC to deduct my gift in monthly increments through payroll deduction beginning in April 2013.
☐ Enclosed is my check for \$, payable to the DCCC Foundation.
☐ I'm making my gift online at support.davidsonccc.edu!