

**SHERIDAN COLLEGE FOUNDATION
PLEDGE – GIFT FORM**

Name(s): _____
(Please print your family or company name as you would like it to appear in Foundation publications)

You may publicize my name as a supporter of Sheridan College: _____ Yes _____ No

Mailing Address: _____
(Address) (City) (State) (Zip)

Phone #: _____ E-mail: _____
(Required in order to process credit card transaction)

I want to support students of Sheridan College: ___ \$1000 ___ \$500 ___ \$250 ___ \$100 ___ Other _____

Areas of Greatest Need _____ Established Fund: _____

_____ My company will match my gift (*Company Name*): _____
(Company form is required)

One Time Gift:

Gift Amount: _____

_____ My check in the amount of \$ _____ is enclosed (Make checks payable to *Sheridan College Foundation*)

_____ Charge to my (Circle one) Visa / MasterCard / Discovery / American Express

Account #: _____ Exp. Date: _____ CSC: _____
(Credit card information will be permanently blacked out upon completion) (3 digit code on back of card)

Pledge Options: (flexible, please call us to help you create a pledge which meets your needs)

5 year Pledge Examples	
\$ 250	\$ 50/year
\$ 500	\$ 100/year
\$ 1,000	\$ 200/year
\$ 2,500	\$ 500/year
\$ 5,000	\$ 1,000/year
\$ 10,000	\$ 2,000/year

My pledge is: \$ _____ payable over _____ years

Beginning on _____ 20 _____

(Circle one) *Annually Quarterly Monthly Other*

Enclosed: \$ _____ Balance: \$ _____

Pledge reminders will be sent as requested above.

Signature: _____ Date: _____

Alum/Past Student of Sheridan College: _____ Yes _____ No

Name on Student Record: _____ Class Year/s Attended: _____

*Sheridan College Foundation is a 501(c) (3) charitable organization. Tax ID# 83-6006226
Your contribution is tax-deductible, within the extent of the law.*

Thank you for your support!
Sheridan College Foundation
PO Box 6328, Sheridan, WY 82801
Contact the office at (307) 674-6446, ext. 4301
www.sheridancollegefoundation.org

