

**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 transactions)

I want to support students of Sheridan College: _____ \$1,000 _____ \$500 _____ \$250 _____ \$100 _____ Other

Area 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 / Discover / 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)*

My pledge is: \$ _____ payable over _____ years

Beginning on _____ 20 _____

(Circle one) *Annually Quarterly Monthly Other*

Enclosed: \$ _____ Balance: \$ _____

Signature: _____ Date: _____

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

If Alum, 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.*

Please send to:
Sheridan College Foundation
PO Box 6328, Sheridan, WY 82801
Phone: 307-675-0700
www.sheridancollegefoundation.org

