

**Chipola College Alumni Association  
Charitable Gift Commitment**



**Donor Information**

\_\_\_\_\_

Full Name

\_\_\_\_\_

If Joint Gift, Spouse/Partner's Full Name

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone

Cell Phone

Business Phone

\_\_\_\_\_

Personal Email

Work Email

ID# \_\_\_\_\_

*Internal Use Only*

\_\_\_\_\_

If Foundation/Corporation, Name/Title of Primary Contact for Receipt

**Gift Statement**

**I/We hereby confirm my/our intention to make a charitable gift in support of Chipola College Alumni Association through the Chipola College Foundation for:**

- \_\_\_\_\_ where the priority is greatest
- Greatest priorities of (college, institute, department, etc.): \_\_\_\_\_
- Other (name of program, project or fund): \_\_\_\_\_

TOTAL COMMITMENT AMOUNT \$ \_\_\_\_\_

My/our gift should be applied as follows:

Gift Notes: \_\_\_\_\_

Current/immediate use \$ \_\_\_\_\_

\_\_\_\_\_

Endowed \$ \_\_\_\_\_

**Gift Fulfillment (Check One)**

One-time Gift Amount: \$ \_\_\_\_\_

Recurring Gift

I pledge to pay installments of \$ \_\_\_\_\_ to be contributed:  Monthly  Quarterly  Annually beginning \_\_\_\_\_.

Send pledge/charge reminders by (check one):  Mail or  Email

**Gift Recognition**

Please recognize me/us as follows in published donor listings: \_\_\_\_\_

Only recognize my/our gift as credit to "Anonymous"

**Tribute Information**

This gift is:  In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

Please provide the name(s) and address(es) of those to whom you would like us to send acknowledgement of your gift.

**Name Change**

The Donor is an organization. If the organization name should change due to a merger, buyout or other conglomeration, the title of the organization as listed in the donor agreement may be changed accordingly.

**Funding Source**

Check or Money Order  
Payable to *Chipola College Alumni Association*

Transfer or Marketable Securities  
I am/we are transferring marketable securities to apply to our personal contribution as follows:  
Name of Stock: \_\_\_\_\_  
Anticipated value of transaction: \_\_\_\_\_  
Anticipated transfer date: \_\_\_\_\_

Donor Advised Fund  
Fund Name: \_\_\_\_\_

Family or Community Foundation Organization Name:  
\_\_\_\_\_  
\_\_\_\_\_

Wire Transfer  
Anticipated transfer date: \_\_\_\_\_

Other: \_\_\_\_\_

**Credit Card Information**

Name as appears on front of card: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expires: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Initial/One-Time Authorization  
I/we authorize the Chipola College Foundation to charge the credit card in the amount of \$ \_\_\_\_\_  
 Recurring Authorization  
I authorize a recurring credit card charge using the card information provided to make my pledge installment payments starting \_\_\_\_\_ (month/day)

**Estate/Bequest**

Noting my/our desire to provide a legacy of support to Chipola College, I/we hereby inform the Chipola College Alumni Association that I/we have made provision in our estate plan for a gift to the college. I/we understand that this commitment is revocable and can be modified by me/us at any time.

Understanding that market values are subject to change, I/we estimate the value of my/our gift to be approximately \$ \_\_\_\_\_ in today's dollars.

My/our gift is a:  Will or  Living Trust

Select:  Specific Amount  \_\_\_\_\_ % of estate/trust  Residual \_\_\_\_\_ % of estate/trust

My/our bequest to Chipola College Alumni Association is as follows:

- Payable after my lifetime without contingency to the Chipola College Alumni Association
- Provision in will contingent to \_\_\_\_\_ and then to the Foundation.

I direct that my estate gift be used for the following purpose(s):  
*Please list in order of priority and specify college/department/institute designations, endowments, or any other information*  
\_\_\_\_\_  
\_\_\_\_\_

Please contact this individual(s) following my lifetime for information related to my gift to ensure that my philanthropic goals are accomplished (Beneficiary, Executor, .....):

Name	Address	Relation	Phone

By signing below, I/we agree to fulfill this charitable commitment:

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

Spouse/Partner Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_