



AVC EMPLOYEE GIFT FORM

STEP 1: CONFIRM/UPDATE YOUR INFORMATION

Name: _____ Work Phone: _____
(as you would like it to appear in donor recognition publications)

Title/Department: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Cell Phone: _____ E-mail: _____

AVC Alumnus? _____ Alumni Year: _____

STEP 2: CHOOSE YOUR GIFT DESIGNATION(S)

Please designate my annual gift(s) to:

- Area of greatest need: AVC Fund
 - AVC Fund—\$100 (\$8.34 per month)
 - AVC Fund—\$365 "Dollar-a-Day" (\$30.42 per month)
 - AVC Fund—\$500 (\$41.67 per month)
 - AVC Fund—\$1,000 President's Circle membership (\$83.34 per month)
 - AVC Fund—I can give: \$_____ per month. *All gifts are welcome!*
- AVC Foundation Scholarship. I can give: \$_____ List scholarship name: _____
- Other campus fund. I can give: \$_____ List fund name: _____
- I would like information on including AVC in my estate plans. Please contact me.
- I am interested in other giving opportunities. Please contact me.

STEP 3: CHOOSE YOUR GIFT FULFILLMENT

- YES! I want to participate in the Payroll Deduction Program. I understand that my tax-deductible commitment will continue indefinitely until I request otherwise. I may adjust my participation at any time, with a 30-day written notice to the AVC Foundation. I authorize Antelope Valley College to implement my payroll deduction gift in the following amount: \$_____ per month
 Number of months a year: 10 11 12 Other: _____ Beginning (month/year): _____
 This gift: is new or added to my existing payroll deductions replaces and removes my existing payroll deductions
 - OR, my payment by cash or check is included.
 - OR, I prefer to submit my tax-deductible contribution of: \$_____
 - Monthly Quarterly Annually I prefer to give a one-time gift.
 - Please charge my credit card on the schedule indicated, effective immediately. I understand that, if I indicate an ongoing gift, my contribution charges will continue indefinitely until I request otherwise. I may adjust my participation at any time, with a 30-day written notice to the AVC Foundation.
 - MasterCard Visa Discover American Express
 - Account Number: _____ Card Validation Code: _____
 - Name on Credit Card: _____ Expiration Date: _____
If you intend to submit this form online, please do not fill in your credit card information. In order to protect your identity, please call with that information.
 - OR, please bill me on the schedule indicated above.
- Signature: _____ Date: _____

STEP 4: RETURN YOUR GIFT FORM

Please print this form and return to the AVC Institutional Advancement and Foundation Office, Administration Bldg. Room 118. OR,
 Send to:
 Antelope Valley College Foundation, 3041 West Avenue K, Lancaster, CA 93536-5426, OR fax to (661) 722-6550, OR e-mail to foundation@avc.edu
 Questions? (661) 722-6300, ext. 6391. To give online, visit avc.edu/foundation.

THANK YOU FOR YOUR SUPPORT OF ANTELOPE VALLEY COLLEGE STUDENTS!