



## AVC EMPLOYEE GIFT FORM

### STEP 1: CONFIRM/UPDATE YOUR INFORMATION

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
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): \_\_\_\_\_
- ☐ 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](mailto:foundation@avc.edu)

Questions? (661) 722-6300, ext. 6391. To give online, visit [avc.edu/foundation](http://avc.edu/foundation).

- ☐ I give permission for my name to be printed in donor recognition publications, as listed above.
- ☐ I prefer to remain anonymous.

**THANK YOU FOR YOUR SUPPORT OF ANTELOPE VALLEY COLLEGE STUDENTS!**