



AVC GIFT FORM

STEP 1: CONFIRM/UPDATE YOUR INFORMATION

Name: _____ Home Phone: _____

(as you would like it to appear in donor recognition publications)

Company: _____ Work Phone: _____

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

Cell Phone: _____ E-mail: _____

AVC Alumnus? _____ Alumni Year: _____

STEP 2: CHOOSE YOUR GIFT DESIGNATION(S)

Yes! I want to support AVC students. Please designate my 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: _____

☐ My employer has a matching gift program! My form is ☐ attached. ☐ will be mailed.

☐ 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

☐ 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!