



PRESIDENT'S CIRCLE ENROLLMENT

PERSONAL INFORMATION

General information to help us update your profile.

Name: _____ Spouse's Name: _____

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

Home Phone: _____ Home Fax: _____ E-mail: _____

Birth date: _____

This information is used only to differentiate similar donor names and provide congratulatory correspondence.

Your relationship to AVC (check all that apply):

☐ Attended AVC ☐ Graduated from AVC—year: _____ ☐ Former employee ☐ Friend of AVC

PROFESSIONAL INFORMATION

Correspondence will be sent to your home address unless otherwise noted here. ☐ List company address as primary.

Position/Title: _____ Company: _____

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

Business Phone: _____ Bus. Fax: _____ Bus. E-mail: _____

BENEFITS

In recognition of an exceptional commitment to AVC students and the Antelope Valley College Foundation, President's Circle members receive the following benefits:

- Briefings from the Antelope Valley College Superintendent/President on the "State of the College."
- Updates from the AVC Foundation on how we are working to support the college and its students.
- Exclusive President's Circle appreciation events featuring special college presentations.
- Invitations to special campus-wide events.
- Recognition on our website and in our published Donor Honor Roll, annually mailed to more than 8,000 community leaders.

GIFT

☐ Yes! I want to support AVC students as a member of the AVC Foundation President's Circle. \$1,000

Any additional contribution: \$ _____

I prefer to submit payment of my tax-deductible membership:

☐ Monthly (\$84) ☐ Quarterly (\$250) ☐ Annually (\$1,000) ☐ Other increment: _____ Total: \$ _____

☐ Please charge my credit card on the schedule indicated. I understand my membership charges will continue indefinitely as indicated until I request otherwise.

☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Account Number: _____ Security Code: _____

Name on Credit Card: _____ Expiration Date: _____

Signature: _____

☐ OR I will submit payment by cash or check. Please bill me on the schedule indicated.

COMMITMENT

☐ I accept the invitation to join the Antelope Valley College Foundation President's Circle. I understand that this commitment requires an annual contribution of \$1,000 and that my tax-deductible commitment will be automatically renewed until requested otherwise.

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

☐ I prefer to remain anonymous.

Signed: _____ Date: _____

THANK YOU FOR YOUR SUPPORT!

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