



## DONOR INFORMATION (Please print information legibly.)

Preferred Name(s): \_\_\_\_\_

Organization: (If applicable.) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_

### GIVING LEVELS

- GAME CHANGER**    \$100,000 <
- CHAMPION**        \$50,000 to \$99,999
- PARTNER**         \$25,000 to \$49,999
- PATRON**          \$10,000 to \$24,999
- BENEFACTOR**    \$5,000 to \$9,999

### GIFT TYPE

- One-Time Cash/Credit:  
 \$1,000    \$500    \$250    \$100    \$50    Other \_\_\_\_\_
- Recurring Monthly Gift (Credit card only.):  
 Equal payments of \$ \_\_\_\_\_ over 12 months = \$ \_\_\_\_\_  
 Recurring Gift Schedule    1st of Every Month    15th of Every Month
- (You may change or cancel your recurring gift at anytime by notifying the DCCCD Foundation in writing.)*

#### My gift will be used for:

- LevelUp Scholarship    Food and Hospitality    Early Childhood    Rising Star Scholarship  
 Other \_\_\_\_\_

**Memorial/Honorary Gift**    In memory of    In honor of: \_\_\_\_\_

*Please send notification of this contribution to the family or individual named below:*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

## PAYMENT METHOD (Select one.) \_\_\_\_\_

#### By Credit Card

- Visa    MasterCard    American Express    Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

#### By Check

*(Payable to Dallas County Community College Foundation, Inc.)*

#### Please mail gift form to:

DCCCD Foundation Inc.  
1601 South Lamar St.  
Dallas, TX 75215-1816

- Check here if you do not want your name to appear in Foundation publications.