



# DONOR INFORMATION FORM

Full Name \_\_\_\_\_

Preferred Address  Home  Work \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Preferred E-Mail address  Home  Work \_\_\_\_\_

Preferred Phone  Home  Work \_\_\_\_\_

**Total amount of my/our gift or pledge \$ \_\_\_\_\_**

**My contribution is in the form of**

Check	<input type="checkbox"/> My personal check is attached (payable to PPCC Foundation)
Credit Card	<input type="checkbox"/> Please make a one-time charge to my credit card for the full amount indicated above Credit Card Number _____ CVV# _____ Expiration Date _____ Billing Address _____ City _____ State _____ ZIP _____ <small>If different from that given above</small>
Stock/ Securities	<input type="checkbox"/> I/We would like to make a gift of stock and/or negotiable securities. <small>A PPCC Foundation staff member will contact you with information regarding how to initiate the transaction.</small>
Pledge	<input type="checkbox"/> I will fulfill this pledge in equal installments over <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____ <input type="checkbox"/> Please send me pledge reminders <input type="checkbox"/> Please charge my credit card (complete information above)

**Gift Purpose**

Unrestricted	<input type="checkbox"/> Please direct this gift to the area(s) of greatest need
Restricted	<input type="checkbox"/> Please direct this gift to the program(s) indicated below _____ _____ _____

Honorary/ Memorial	<input type="checkbox"/> This gift is made in <input type="checkbox"/> <b>honor of</b> <input type="checkbox"/> <b>memory of</b> _____ <small>Name of Person(s) that should receive notification of the gift</small> _____ <small>Address</small> _____ <small>City/State/Zip</small>
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**Acknowledgement/Recognition**

Yes, you may include my/our name in any donor listings or university publications

Yes, you may share pertinent details of my/our gift in PPCC's publications, websites and gift clubs

My/Our names should be included in publications and other recognition as follows:  
 \_\_\_\_\_

**Gift Matching**

My/Our Employer(s) match my/our gifts  Matching Gift Form is attached

Donor Signature \_\_\_\_\_

Date \_\_\_\_\_

Donor Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

Date Received \_\_\_\_\_ Foundation Account # \_\_\_\_\_ Campaign Code \_\_\_\_\_