

# 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 PPSC 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: _____
Stock/Securities	<input type="checkbox"/> I/We would like to make a gift of stock and/or negotiable securities. <i>A PPSC Foundation staff member will contact you with information regarding how to initiate the transaction.</i>
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) listed below
Honorary/ Memorial	<input type="checkbox"/> This gift is made in: <input type="checkbox"/> Honor of <input type="checkbox"/> Memory of Name of person: _____ Address: _____

## Acknowledgment/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 Pikes Peak State'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 Number:** \_\_\_\_\_

**Campaign Code:** \_\_\_\_\_

### Mail to:

PPSC Foundation  
Box C68  
5675 S. Academy Blvd.  
Colorado Springs, CO 80906

**For more info:** Call 719-502-2013