

## NAUGATUCK VALLEY COMMUNITY COLLEGE CAPITAL CAMPAIGN FOR THE CENTER FOR HEALTH SCIENCES IN FOUNDERS HALL

## **Pledge Form**

| DI .                             |                                |  |
|----------------------------------|--------------------------------|--|
| Please print                     |                                | By this pledge, I/we are making a binding  |
| Donor(s):                        |                                | commitment to give the amount(s) specified below, which pledge NVCC Foundation, Inc. accepts and   |
| Address:                         |                                | will act in reliance upon to continue the building   |
| City, State, Zip:                |                                | project and programs supported by this campaign.  I/We intend that the terms of this pledge will be legally binding upon and enforceable against me/us and my/our respective successors and heirs (including, without limitation, my/our estate(s) and |
|                                  |                                |  |
|                                  |                                | NVCC Foundation, Inc. is a tax-exempt organization   |
| Email:                           |                                | under the provisions of section 501(c)(3) of the Internal Revenue Code. The Foundation's federal tax   |
|                                  |                                | identification number is 23-7165869. Donations are   |
| Terms of Pledge:                 | Method of payment:             | tax-deductible to the extent allowed by law.   |
| Total amount of pledge: \$       | Please make checks payable to: | Donor Signature:   |
|                                  | NVCC Foundation, Inc.          |  |
| Pledge to be paid as follows:    | Please charge my:              | Donor Signature:   |
|                                  | Visa                           |  |
| Single-year payment of pledge:   | MC                             | Date   |
| \$                               | Discover                       | FOR OFFICAL USE ONLY!  |
| Multiple-year payment of pledge: | Credit Card Number:            | This gift commitment is made in honor/memory of:   |
| Beginning on (date) years.       | Exp. Date: 3-Digit Code:       | Please send notification of my honorary /  |
| Please bill me:                  | Other                          | memorial gift to:  |
| Annually                         | My/Our gift will be            | Nama   |
| Monthly                          | matched by:                    | Name   |
| · ·                              |                                | Address  |
| Quarterly                        | Matching gift enclosed         | City, State, Zip   |
| Other:                           | Matching gift form will be     |  |
|                                  | sent                           |  |
|                                  | Soft                           |  |
|                                  |                                |  |

This is an anonymous gift. Please do not publicly acknowledge my commitment.