



Please print and mail completed form to:
 BCC Foundation
 Bristol Community College
 777 Elsbree Street
 Fall River, MA 02720

Donation Form

Name:					
Address:					
City:				State:	Zip:
Business Telephone:	() -	Home Telephone:	() -		
Gift Payments:					
<input type="checkbox"/>	Enclosed is my gift of \$ _____				
<input type="checkbox"/>	This is my first payment on a pledge of \$ _____	Bill Remainder:	<input type="checkbox"/> bi-annually	<input type="checkbox"/> quarterly	
<input type="checkbox"/>	Use my gift where most needed				
<input type="checkbox"/>	Restrict \$ _____ to _____				
Acknowledgement:					
Please acknowledge my gift listed above					
<input type="checkbox"/>	I (we) prefer to be listed as: _____				
<input type="checkbox"/>	Please list my (our) gift as anonymous				
Donation Levels:					
<input type="checkbox"/>	Bristol Circle \$10,000+	<input type="checkbox"/>	Commonwealth Club \$1000 to \$2499	<input type="checkbox"/>	College Club \$175
<input type="checkbox"/>	Capital Club \$5000 to \$9999	<input type="checkbox"/>	Foundation Club \$500 to \$999	<input type="checkbox"/>	Friend \$1 to \$174
<input type="checkbox"/>	Benefactor Club \$2500 to \$4999	<input type="checkbox"/>	President's Club \$250 to \$499		
Payment Types:					
<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	Card Number :	Exp Date:
Signature:			Date:		
X					
Matching Gifts: You can double the impact of your gift if you or your spouse work for, or are retired from, a company participating in the Matching Gift program. Call us at (508) 678-2811 x2007 to see if your company is listed or check with your Human Resources Office.					
<input type="checkbox"/>	My Company Matches Gifts	Company Name:			