

DONATION/PLEDGE FORM

I hereby agree to donate \$ Ag Forward campaign.

to the Illinois Valley Community College Foundation for the

I request my donation	on be used for:	
☐ Building Naming (\$1,00	00,000 or greater)	
☐ Foyer Naming (\$500,0	00 - \$999,999)	
☐ Innovation Lab Naming	g (\$300,000 - \$499,999)	
☐ Soil Lab Naming (\$200	.000 - \$299,999)	
☐ Classroom/Conference	e Room Naming (\$150,000-\$199,999)	
☐ Courtyard Naming (\$2	5,000 - \$149,999)	
☐ Student Lounge Namir	g (\$25,000 - \$149,999)	
$\ \square$ Faculty Office Naming	(\$10,000 - \$24,999)	
☐ Donor Wall Recognition	on (\$500 - \$9,999)	
\square All Other Donations (\$	499 or below)	
Payment will be made	de as a:	
☐ Check enclosed made ¡	payable to the IVCC Foundation for the amo	unt listed above.
\Box Online payment (only f	or donations \$2,999 or less) at www.ivcc.ed	u/agforward/online_donation
☐ Pledge to the IVCC For	undation to be paid in a lump sum on	for the amount listed above.
three years. The initial corthree years of inception. A	nd above to the IVCC Foundation to be paid ntribution must be one-third of the total pleo all other pledges below \$10,000 should be particularly and the name applied when the gift	dge. All pledges should be paid within aid within one year of inception.
\$	Date of payment:	
\$	Date of payment:	

Complete back side of this form with donor and recognition information

Date of payment:

Donor Information and Recognition

represents the contact person or the contact person	r is a corporation or the donor is deceased then the information 's corporation.	
RELATIONSHIP TO DONOR: ☐ Self ☐ Conta	ct for Corporation	
CORPORATION NAME (if corporation is donor)	:	
FIRST NAME:	LAST NAME:	
TITLE:		
MAILING ADDRESS:		
CITY, STATE, ZIP CODE:		
PHONE NUMBER:	☐ Mobile ☐ Landline	
EMAIL:		
This form and any monetary donations should be	e delivered to:	
Illinois Valley Community College Foundation 815 North Orlando Smith Road, C202 Oglesby, IL 61348	OR foundation@ivcc.edu	
IVCC Board of Trustees reserves the right to res	ed by law. A receipt will be issued to you for tax purposes. The scind its offer to name a building, wing, room or area when the ear agreement. Should this occur, the board may choose another actual gift received.	
repurposing is undertaken. However, at any stag	s the entity for its useful life unless a significant renovation or ge in the process, the IVCC Board of Trustees has the discretion ding, room or area without seeking approval from the person(s	r
Donors shall not have any right, title or interest	in said facility, wing, room or area named for them.	
The IVCC Foundation shall have the authority at the express purpose of the gift.	nd discretion to invest the donor's gift until it is time to execut	e
•	ewed Illinois Valley Community College Board Policy 6.08, Board of Trustees consider the following for recognition of the	e
	I wish to remain anonymous.	
Signature:	Date:	

Thank you for helping Illinois Valley Community College in achieving its mission. Your investment in excellence is very much appreciated. You will receive a formal letter from Illinois Valley Community College and the IVCC Foundation regarding the status of your donation naming opportunity, if applicable.