



AG FORWARD

A Stronger Community Starts Here

DONATION/PLEDGE FORM

I hereby agree to donate \$ _____ to the Illinois Valley Community College Foundation for the Ag Forward campaign.

I request my donation be used for:

- ☐ Building Naming (\$1,000,000 or greater)
- ☐ Foyer Naming (\$500,000 - \$999,999)
- ☐ Innovation Lab Naming (\$300,000 - \$499,999)
- ☐ Soil Lab Naming (\$200,000 - \$299,999)
- ☐ Classroom/Conference Room Naming (\$150,000-\$199,999)
- ☐ Courtyard Naming (\$25,000 - \$149,999)
- ☐ Student Lounge Naming (\$25,000 - \$149,999)
- ☐ Faculty Office Naming (\$10,000 - \$24,999)
- ☐ Donor Wall Recognition (\$500 - \$9,999)
- ☐ All Other Donations (\$499 or below)

Payment will be made as a:

- ☐ Check enclosed made payable to the IVCC Foundation for the amount listed above.
- ☐ Online payment (only for donations \$2,999 or less) at [www.ivcc.edu/agforward/online donation](http://www.ivcc.edu/agforward/online%20donation)
- ☐ Pledge to the IVCC Foundation to be paid in a lump sum on _____ for the amount listed above.
- ☐ Pledges for \$10,000 and above to the IVCC Foundation to be paid in yearly increments, not to exceed three years. The initial contribution must be one-third of the total pledge. All pledges should be paid within three years of inception. All other pledges below \$10,000 should be paid within one year of inception. Documentation will be completed and the name applied when the gift is paid in full. Complete pledge schedule below.

\$ _____ Date of payment: _____

\$ _____ Date of payment: _____

\$ _____ Date of payment: _____

Complete back side of this form with donor and recognition information

Donor Information and Recognition

Information below represents the donor. If the donor is a corporation or the donor is deceased then the information represents the contact person or the contact person's corporation.

RELATIONSHIP TO DONOR: ☐ Self ☐ Contact for Corporation ☐ Representative for Trust

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 delivered to:

Illinois Valley Community College Foundation
815 North Orlando Smith Road, C202
Oglesby, IL 61348

OR

foundation@ivcc.edu

All gifts are tax-deductible to the extent provided by law. A receipt will be issued to you for tax purposes. The IVCC Board of Trustees reserves the right to rescind its offer to name a building, wing, room or area when the donor's pledge goes unpaid beyond the three-year agreement. Should this occur, the board may choose another opportunity more appropriate for the value of the actual gift received.

Naming of a building, wing, room or area follows the entity for its useful life unless a significant renovation or repurposing is undertaken. However, at any stage in the process, the IVCC Board of Trustees has the discretion to change its recommendation for naming a building, room or area without seeking approval from the person(s) or corporation making the original donation.

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 and discretion to invest the donor's gift until it is time to execute the express purpose of the gift.

I acknowledge that I understand the above, reviewed Illinois Valley Community College Board Policy 6.08, entitled "Naming Rights", and request the IVCC Board of Trustees consider the following for recognition of the donation:

_____ ☐ 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.