



BUILDING the DREAM

We welcome your contribution as a single gift or as a pledge which may be paid over a five-year period in monthly, quarterly, semi-annual, or annual payments.

Yes! I want to support SCC's Building the Dream Campaign.
Process my financial contribution in the following manner:

PAID IN FULL

Enclosed is my check in the amount of \$ _____
Enclosed is \$ _____ in cash.

PAID IN INCREMENTS

Paid in the following increments over one to five years.

Year 1: \$ _____ Please invoice me: _____ monthly _____ quarterly
Year 2: \$ _____
Year 3: \$ _____ semi-annually _____ annually
Year 4: \$ _____ Start Date: ____/____/____
Year 5: \$ _____

____ Sign me up for automatic withdrawals
(additional Debit Authorization form required)
[See form on page below]

Name(s) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature _____ Date ____/____/____

I would like to remain anonymous.

Please make your gift payable to the SCC Foundation. Your gift is fully tax deductible. Note: you may include your spouse's name as a contributor.

THIS GIFT IS DESIGNATED FOR:

- Career and Technical Program Facilities
- Health and Science Centers
- Undesignated (where needed most to fulfill campaign goals)

Thank you for supporting SCC's Building the Dream Campaign.

**WHEN COMPLETED, FAX OR SEND FORM VIA U.S. MAIL TO SCC FOUNDATION
FAX 319-208-5006 or mail to SCC Foundation, 1500 W. Agency Rd., West Burlington, IA 52655
FOR SECURITY PURPOSES - DO NOT SEND VIA EMAIL**

Debit Authorization

I (we) hereby authorize (Southeastern Community College Foundation) hereinafter called "Company," to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

\$ Amt: ___ One Time Gift ___ OR Recurring Twice Monthly (15th and 30th) __, Monthly __, or Yearly __

Date to BEGIN: (please allow at least five business days from date below): Month ___ Day ___ Year ___

Building the Dream: ___ Call me about Naming Opportunities: ___ / Other: ___ Call me to discuss: ___

___ Continue until I provide written notification (or any authorized account signer) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request, OR ___ I elect instead to END the Debit Authorization on Month ___ Day ___ Year ___.

(Print Individual Name) (Signature)

(Print Individual ID Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM