



Donation Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Home Cell Work

Gift Information

I would like to make a gift of: \$_____

Please designate my gift to: Brightpoint's Greatest Need

Other: _____

Payment Preference

Check (*payable to Brightpoint Community College Foundation*)

Stock or Securities

Credit Card (fill out below)

Please charge my: **Visa** **MasterCard** **American Express**

Name (as it appears on card): _____

Card number: _____ Exp. Date: ____/____ CVV: _____

Additional Information

I would like to learn more about including Brightpoint in my estate plans.

My spouse's employer will match my gift. Employer name: _____

Signature: _____ Date: _____

Thank you for your support! If you have any questions, please contact the Foundation at foundation@brightpoint.edu or 804-594-1476.

*Brightpoint Community College Foundation is a 501 (c)(3) non-profit organization.
All gifts are tax deductible as provided by law.*