



## 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** (Please make checks payable to Brightpoint Community College Foundation)

**Payroll Deduction:** Please deduct \$ \_\_\_\_\_ per pay period.

*\*By choosing to make a recurring payroll deduction, you no longer need to fill out a form each year. You may update or cancel your gift anytime by contacting the Foundation at (804) 594-1476.*

**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](mailto: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.*