

Southern West Virginia Community College Foundation, Inc.
VISION 2020 MAJOR GIFTS CAMPAIGN
DONOR AND GIFT INFORMATION RECEIVED

Please fill out this form completely for each gift received. **ALL DOCUMENTATION accompanying the gift must be provided to Emma Baisden and Tammy Toppings.** Forward this form and gift (check/credit card information, etc.) or description of instructions for equipment or property to the Development Office, P. O. Box 2020, Mount Gay, WV 25637. If you have questions, please call 304-896-7425 for assistance.

NAME OF DONOR: _____

CONTACT NAME, IF ORGANIZATION: _____

ADDRESS: _____

PHONE: () **FAX:** () **EMAIL:** _____

GIFT AMOUNT: _____

DATE GIFT RECEIVED _____

NAME OF SOLICITOR: _____

DONOR STATUS (Check all that apply) _____

- Alumni
- Board of Governors
- Corporation
- Foundation
- Friend
- Major Donor (\$100,000+)
- Southern Foundation Board
- Other _____

DESIGNATION OF GIFT:

- Allied Health and Technology Center
- AD Scaggs, Jr. Educational Trust Scholarship Fund
- Building, Infrastructure, and Equipment Renewal
- Carrie Anne Scott Memorial Scholarship
- COTIGA Scholarships
 - Edward Randolph Wood, Jr. Scholarship
 - John V. Ramey Scholarship
 - Stuart Wood Scholarship
 - Richard D. Wood, III Scholarship
- General Operating Fund
- Health Care Programs, Spec., _____
- Hannah Lumber Scholarship
- Kimberly Pierce Memorial Scholarship Fund

TYPE OF GIFT

- Cash Pledge Ck No _____
- Credit Card Type VISA _____ MC _____
 Credit Card No. _____
 Expiration Date (MM/DD/YYYY) _____
- Funds Electronically Transferred on _____
- Gift In-Kind Type _____
- Value _____ Other _____

- Logan County Coal Vendors Association Scholarship
- Man Pic Pac Food Stores Scholarship
- Mine Training and Energy Technology Academy
- New Academic Programs, Specifically, _____
- Pardee Resources Company Scholarship
- Melvin L. Riggs Scholarship, Estate of _____
- Respiratory Therapy
- Savas-Kostas Award for Excellence
- Southern Foundation, Spec., _____
- Williamson Campus General Operating Fund
- Williamson Memorial Hospital Scholarship
- Other _____

Special Instructions / Additional Information

PERSON RECEIVING GIFT: **PLEASE ADD DATE**

- President Joanne J. Tomblin Ron Lemon Emma Baisden Tammy Toppings _____ (Date)
- The gift was sent to Emma Baisden or Tammy Toppings for entry into Raiser's Edge on _____ (Date)
- Copies sent to President Tomblin Ron Lemon Emma Baisden Tammy Toppings on _____ (Date)
- The gift and a copy of the Donor Sheet was routed to Lola Lackey to be deposited on _____ (Date)

ENTERED INTO RAISER'S EDGE BY: _____ **DATE:** _____