

Southern West Virginia Community College Foundation, Inc.
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 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) _____

- | | |
|---|--|
| <input type="checkbox"/> Alumni | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Board of Governors | <input type="checkbox"/> Major Donor (\$100,000+) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Southern Foundation Board |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Other _____ |

DESIGNATION OF GIFT: _____

- ☐ Allied Health and Technology Center
☐ Building, Infrastructure, and Equipment Renewal
☐ General Operating Fund
☐ Health Care Programs, Specifically, _____
☐ New Academic Programs, Specifically _____
☐ Pardee Resources Company Scholarships
☐ Sgt. Cory Maynard Memorial Scholarship
☐ Southern Foundation, Specifically, _____
☐ Otto and Iris K. Vance Scholarship
☐ Other _____

Special Instructions / Additional Information

PERSON RECEIVING GIFT: **PLEASE ADD DATE** _____

☐ R. Stacy Dingess ☐ Tammy Toppings ☐ Crystal Cook _____ (Date)

☐ The Gift was sent to Tammy Toppings for entry into Raiser's Edge on _____ (Date)

Copies sent to ☐ R. Stacy Dingess ☐ Crystal Cook ☐ Tammy Toppings on _____ (Date)

☐ The Gift and a copy of the Donor Sheet was routed to Tammy Toppings to be deposited on _____ (Date)

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

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 _____