

**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 _____               |

**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 \_\_\_\_\_

**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
- Savas-Kostas Award for Excellence
- Southern Foundation, Specifically, \_\_\_\_\_
- Otto and Iris K. Vance Scholarship
- Other \_\_\_\_\_

**Special Instructions / Additional Information**

**PERSON RECEIVING GIFT:      PLEASE ADD DATE** \_\_\_\_\_

Rita Roberson     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     Rita Roberson     R. Stacy Dingess     Tammy Toppings    on \_\_\_\_\_ (Date)

The Gift and a copy of the Donor Sheet was routed to R. Stacy Dingess to be deposited on \_\_\_\_\_ (Date)

**ENTERED INTO RAISER'S EDGE BY:** \_\_\_\_\_      **DATE:** \_\_\_\_\_