Elgin Community College

Elgin Community College Foundation
CONTRIBUTION INFORMATION FORM

Donor Information (please type/print):

Individual/Family Donor Name:			
Company Donor Name:			
Company Contact Name:			
Primary Address Line 1			
Address Line 2			
City, State, Zip			
Check ☑ PRIMARY Phone:	◯ Work:		
	◯ Home:		
	◯ Cell:		
E-mail address:		Birth date (mm/dd/yyyy):	
Profession:			
Spouse Name:			

I wish to make a contribution as specified below:

☐ **ECC Foundation Annual Fund** $_____
(Allocated to prioritized needs)

☐ **For a specific purpose**:
(Contact us if you need more information)

☐ Scholarship Fund $_____ _____
(enter fund name here)

☐ Program Fund $_____ _____
(enter fund name here)

☐ Other Fund $_____ _____
(enter fund name here)

One hundred percent (100%) of your contribution to scholarships goes to the fund you have designated

.

☐ **Gift In-Kind of Goods or Professional Services**

(Please be specific – describe item and estimated Fair Market Value. Works of art valued at $5,000 or more must be accompanied by a professional appraisal. See IRS publication 561 for more information)

_____

_____

_____

_____

Method of Payment

☐ Check is enclosed in the amount of: $_ _____ (check number _ _____)

☐ By credit card:

○ Visa ○ American Express

○ MasterCard ○ Discover

Name on Card Exactly (Print) _ _____

Card # _ _____

Expiration Date: __ _____/__ _____

Security Code (3 digit number) : _ _____

Signature: _____Date: _____/_____/_____

☐ Other (Trust agreement, paid up insurance policy, etc.) Please contact the Foundation to arrange for a meeting.

Thank you for supporting The ECC FOUNDATION!

☆ Please make checks payable to the ***ECC Foundation*** ☆

Return this form by mail to:
The ECC Foundation
1700 Spartan Drive
Elgin, IL 60123

Or by Fax to:
(847) 214-7537

Questions? Call / email Katie Michel at **(847) 214-7377** or kmichel@elgin.edu