



PLEDGE FORM

I/we wish to make a gift to the Legacy of Excellence Fund.

I/we commit to the following:

Total amount of gift: \$ _____ **Initial payment:** \$ _____ **Balance:** \$ _____

Payable:

One time or over 1 year 2 years 3 years

Beginning date: ____ / ____ / _____

Payment schedule: monthly quarterly semi-annually annually

Signature: _____ **Date:** ____ / ____ / _____

If you prefer to donate online, please go to: www.pierce.ctc.edu/gala

I wish to have my gift recognized/listed as: _____

I wish to remain anonymous.

Personal Gift or Corporate Gift _____

Company/Organization (if appropriate):

Name(s): _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **ZIP code:** _____

Phone: _____ **Email:** _____

Credit card

CC#: _____ **Exp date:** _____ **CVS#:** _____

Signature: _____ **Email:** _____

Please print name: _____ **Date:** ____ / ____ / _____

Gifts notes/any special considerations or restrictions: _____

Please make checks payable to: *The Pierce College Foundation*

1601 39th Ave SE Puyallup, WA 98374 | ATTN: Foundation

Email: Foundation@pierce.ctc.edu | Phone: 253-864-3260

The Pierce College Foundation is a 501(c)(3) tax-exempt organization.

Gifts are tax deductible to the extent provided by law.