

Office of Institutional Advancement

4400 College Drive, Vernon, TX 76384 940.552.6291, ext. 2293 www.vernoncollege.edu

GIFT DONATION FORM

All gifts to Vernon College are processed through the Office of Institutional Advancement. If this is a gift of tangible assets, please complete the Gift-In-Kind Donation Form.

Donor Name:				I	Date:	
Address:						
Street			City	State	Zip Code	
Gift Amount: \$	Check No.:	Date:	Credit Card No	o:		
Name on Credit Card:			Expiration Date	e:		
Gift Designation:						
Special notes/instructions about	the gift:					
This gift is in honor/memory of:						
— Use gift designation on	n the memorial card or 👤	use Vernon	College Memorial Sch	olarship on the me	morial card	
Please send memorial/honor ackr	nowledgment to:					
Name:						
Address:			lity	State	Zip Code	
Donor may be listed in the annu			yes no	State	Zip Code	
Signature of College employee re	· ·					
Accepted on behalf of Vernon C	follege:	the President or Director of Institu	sional Advancement	Date	:	
Endowed No:	· ·			Other		
"Other" explanation:						
Note: The Office of Institutiona	al Advancement is designa	ted by the President 1	o process and acknow	ledge all gifts to Vo	ernon College and the	
Vernon College Foundation.						
Distribution with appropriate in	formation attached:					
Business Office		re: Date:				
Financial Aid Office (Office of Institutional.	Advancement	posted to Do	onor Database	Date		
		IA Acknowl	edgment sent	Date		
		President's A		Date		
Other						
Annual Fund Gift Club:	I	Lifeteme Giving Socie	tv:			