



**GLENDALE  
COMMUNITY COLLEGE**  
A MARICOPA COMMUNITY COLLEGE

# GIFT PLEDGE



**MARICOPA  
COMMUNITY  
COLLEGES  
FOUNDATION**

**Resource Development**

6000 W. Olive Avenue, Glendale, AZ 85302  
Phone 623.845.3147 | Fax 623.845.3020  
gccaz.edu/give

Name(s) \_\_\_\_\_  
*first name last name phone email address*

Mailing Address \_\_\_\_\_  
*street city state zip*

**Amount** \_\_\_\_\_

**FREQUENCY**

Gift will be paid in full (payable to MCCF); one lump sum on or before \_\_\_\_\_  
*month/day/year*

Gift will be paid in \_\_\_\_\_ installments in the amount of \_\_\_\_\_  
First payment is due on or before \_\_\_\_\_  
*month/day/year*

**DESIGNATION**

- Direct Support to Students (#4137-1)
- Disability Services Fund (#4134-1)
- GCC ACE (#4136)
- GCC Greatest Need (#4291)
- Specify an Existing Fund \_\_\_\_\_
- New Name Fund \_\_\_\_\_

**METHOD**

Check (payable to Maricopa Community Colleges Foundation)

Credit Card (available online at : <https://foundation.maricopa.edu/gcc>)

Type:  American Express  Discover  MasterCard  Visa

Account # \_\_\_\_\_

Name on card \_\_\_\_\_ Expiration \_\_\_ / \_\_\_ Security code \_\_\_\_\_

Stock

Institution \_\_\_\_\_ Broker \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*street city state zip*

Payroll Deduction

Employer \_\_\_\_\_ Account # \_\_\_\_\_

By signing below I/we commit to fulfill the terms of this gift pledge schedule and consent is granted to use name(s) and/or photograph(s) for promotional purposes. It is understood that gifts are managed by the Maricopa Community Colleges Foundation, a 501©(3) tax exempt organization. All gifts to the Maricopa Community Colleges Foundation are tax deductible to extent by law. A charitable gift receipt will be mailed by the Foundation to the address provided above. No goods or services were provided in exchange for this gift.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

*Thank You*

