



## HACC Foundation Monetary Contribution and Pledge Form

**My affiliation with HACC, Central Pennsylvania's Community College (please select all that apply):**

Alumnus    Board Member    Community Partner    Donor    Employee    Parent    Student

Prefix(es):  Mr.    Mrs.    Ms.    Dr.    Prof.    Other: \_\_\_\_\_

Name(s): \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Preferred Address (check one and provide address):  Home    Business

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone (check one and provide number):  Home    Business    Cellular \_\_\_\_\_

Preferred Email (check one and provide email):  Personal    Business \_\_\_\_\_

**Please designate my gift to the following project(s):**

- Funds for Excellence
  - Please specify: \_\_\_\_\_
- Cooper Student Center Renovation Fund
- Emergency Assistance Fund
  - Please specify: \_\_\_\_\_
- Scholarship Fund
  - Please specify: \_\_\_\_\_
- Other project (please specify): \_\_\_\_\_

For more information about the projects, please go to [www.hacc.edu/campaign](http://www.hacc.edu/campaign). If a fund or campus is not selected or specified, your generous and tax-deductible donation will be automatically applied to collegewide funds. **If you would like to donate using a credit card, please go to [www.hacc.edu/givenow](http://www.hacc.edu/givenow).**

**Please accept my gift of \$** \_\_\_\_\_

- Enclosed is a check (Please make checks payable to the **HACC Foundation**)
- Please send a pledge reminder(s) to me based on the following information:
  - I would like to pledge a total of \$ \_\_\_\_\_.
  - I would like the pledge to start in \_\_\_\_\_ (month and year) and end in \_\_\_\_\_ (month and year). The pledge payment period will not exceed five years.
  - I would like to make pledge payments:  Annually    Quarterly    Monthly

### Tribute Information

- This gift is in memory of: \_\_\_\_\_
- This gift is in honor of: \_\_\_\_\_
- Please notify \_\_\_\_\_ of my gift at the following mailing address  
\_\_\_\_\_

### Additional Information (please select all that apply)

- Please have a HACC representative contact me to discuss planned giving.
- Please have a HACC representative contact me regarding a gift of securities.
- My employer will match this gift. Here is the company name: \_\_\_\_\_

**Would you like to remain anonymous?**  Yes    No

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

Thank you for your tax-deductible contribution! Please mail the completed form and your contribution to:  
**HACC Foundation, PO Box 8915, Lancaster, PA 17604-9966**