



## Naming Opportunities Contribution and Agreement Form

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

- Alumnus    Board Member    Community Partner    Donor    Employee    Parent

*Please complete this section or attach a business card.*

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

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

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

Preferred Address:  Home  Business

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

Preferred Phone:  Home  Business  Cellular \_\_\_\_\_

Preferred Email:  Personal  Business \_\_\_\_\_

*Using the list of naming opportunities provided ([www.hacc.edu/namingopportunities](http://www.hacc.edu/namingopportunities)), please indicate which option is of most interest to you:*

Campus:  Gettysburg    Harrisburg    Lancaster    Lebanon    York

Building \_\_\_\_\_

Room \_\_\_\_\_

*Please note that the maximum number of named spaces from one gift is four. For instance, if a \$50,000 contribution is received, you may choose up to four spaces that total \$50,000 or less.*

Name of donor(s) as it should appear: \_\_\_\_\_

*If this gift is made in memory and/or in honor of someone, please provide the names below:*

My gift is in memory of: \_\_\_\_\_

My gift is in honor of: \_\_\_\_\_

Please notify \_\_\_\_\_ of my/our gift at the following mailing address

*Relevant background information or history on the donor or honoree:*

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**Payment Options:**

- Enclosed is a gift of \$\_\_\_\_\_
- I pledge \$\_\_\_\_\_ over a \_\_\_\_\_ - year period (maximum of five years).

My first pledge payment of \$\_\_\_\_\_ is enclosed. Please mail a pledge reminder to me:

- Annually  Monthly  Quarterly  other \_\_\_\_\_

I would like the amount of each payment to be: \_\_\_\_\_

- I would like to contribute via credit card (*Please visit [www.hacc.edu/givenow](http://www.hacc.edu/givenow)*)

- I would like to contribute stock: \_\_\_\_\_

*Note: Please contact the HACC Foundation at [foundation@hacc.edu](mailto:foundation@hacc.edu) for the appropriate stock forms.*

**Public Recognition:**

May the College publicly acknowledge this commitment?  Yes  No

*If "yes," the College will work closely with you to determine how you would like your generosity to be recognized. Examples of public recognition include news releases, special events, plaques and signage.*

Name of donor(s) as it should be acknowledged: \_\_\_\_\_

**I have read and agree to abide by all HACC Foundation naming-related policies and procedures ([www.hacc.edu/namingopportunities/policy](http://www.hacc.edu/namingopportunities/policy)).**

Print Name of Donor(s): \_\_\_\_\_

Signature of Donor(s): \_\_\_\_\_

Date: \_\_\_\_\_

**I accept this agreement on behalf of the HACC Foundation.**

Printed Name of HACC Foundation Official: \_\_\_\_\_

Signature of HACC Foundation Official: \_\_\_\_\_

Date: \_\_\_\_\_

*Please make checks payable to the **HACC Foundation** and return the completed form, along with your contribution, to the HACC Foundation, One HACC Drive, Harrisburg, PA 17110. Thank you!*