

## **CONTRIBUTION FORM**

	will contribute \$	to the BPCC Found	dation in support of BF	PCC programs & services
(Donor's Name)	(Total amount of gift)			
Please use these funds as	indicated below:			
□ \$ for	50 Years of BPCC Success			
☐ Other:				
☐ In Memory of:		☐ In Honor •	of:	
Please attach any additional info	ormation you would like to share with	others about the person you are he	onoring.	
		LEDGE INFORMATION		
Total Amount Pledged: \$_		Date:	<del></del>	
Signed by:		(Please Print) Name:_		
(Authorized Re	epresentative)			
Address:		City:	State:	Zip:
How would you like to fu	Ifill your pledge? (Choose one	(؛		
☐ MULTIPLE PAYMENTS	OF \$ until	pledge is fulfilled		
	☐ Monthly ☐ Semi-Annua	ally $\square$ Annually $\square$ Ple	ease send a contributio	on reminder
☐ ONLINE:	Make secure payments online at <a href="https://www.bpcc.edu/foundation/givingopportunities">www.bpcc.edu/foundation/givingopportunities</a>			
☐ <b>ONE-TIME</b> PAYMENT:	Enclosed is a check in the am	ount of \$		
Acknowledgements:   C	k to recognize my gift publicly	☐ I wish to r	emain anonymous. Do	not publicize gift.
How to contact us: Susar	nnah O. Stinson, Development	Director, sstinson@bpcc.ed	u, Phone (318) 678-60	10, Fax (318) 678-6391
Thank you for y	our support! Please fax comple	eted pledge form to (318) 67	78-6391 or mail to add	ress listed below.
		make all checks payable to BPCC Foundation, Inc.	:	

 $BPCC\ Foundation,\ Inc.\ is\ a\ 501(c) 3\ nonprofit\ organization,\ Federal\ Tax\ ID\#\ 72-1393535.\ No\ goods\ or\ services\ were\ received\ in\ consideration\ of\ this\ gift.$ 

Bossier City, LA 71171