



# Richard Bland College FOUNDATION

## FOUNDATION GIFT/PLEDGE FORM

Please print all information.

After completing the appropriate sections of this form, please mail to:

Foundation Office  
Richard Bland College  
11301 Johnson Road  
South Prince George, VA 23805

### PERSONAL INFORMATION

\*Required

Title	First Name*	Middle Name	Last Name*	RBC Year*
Spouse's Full Name		Spouse Class Year, if RBC alum		
Check any that apply:		<input type="checkbox"/> Alumnus/a	<input type="checkbox"/> Friend	<input type="checkbox"/> Faculty
		<input type="checkbox"/> Current Student	<input type="checkbox"/> Staff	<input type="checkbox"/> RBC Retiree
		<input type="checkbox"/> Proud Parent of _____		
Home Street Address*				
City*		State*	Zip*	
E-mail*			( ) Phone*	

### GIFT INFORMATION

- ☐ I'd like to make a gift. I will pay by check or credit card.
- ☐ I'd like to make a pledge. A reminder will be sent to you.
- ☐ I'd like to make a payment on an existing pledge.

Gift Amount: \$ \_\_\_\_\_ Existing Pledge Payment Amount: \$ \_\_\_\_\_

Total New Pledge Amount: \$ \_\_\_\_\_

An initial payment of \$ \_\_\_\_\_ (enclosed)

PLEDGE PERIOD: ☐ This fiscal year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years

SEND ME REMINDERS: ☐ Monthly ☐ Quarterly ☐ Annually for 5 years

Name as you wish it to appear in the Annual Report of Gifts: \_\_\_\_\_

#### How I want my gift used (select one):

- ☐ RBC Scholarship Fund
- ☐ Other

Other instructions (e.g. indicate if your gift is in honor or memory of someone or for a specific fund or purpose): \_\_\_\_\_

### PAYMENT INFORMATION

- ☐ Personal Check (make payable to *Richard Bland College Foundation*\*\*)   
 \*\*If your gift is for an endowment, please make checks payable to *RBC Foundation*.

- ☐ Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
- Card Number: \_\_\_\_\_
- Card Exp: \_\_\_\_\_ CVV Code: \_\_\_\_\_
- Name as it appears on credit card: \_\_\_\_\_

Does your/your spouse's employer participate in a matching gift program?

- ☐ No ☐ Yes — If yes, please indicate: ☐ My Company ☐ Spouse Company

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

### EMPLOYER MATCHING GIFT PROGRAM

If you or your spouse work for a company with a matching gift program, obtain a matching gift form from your human resources department and mail the completed form with your gift.