



# CONTRIBUTION FORM

YANKTON COLLEGE  
PO Box 133, Yankton, SD 57078 • (866) 665-3661  
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## CONTACT INFORMATION

CONTRIBUTOR(S): \_\_\_\_\_

ALUMNI - Class Year(s): \_\_\_\_\_ FRIEND: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ OTHER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEDGE INFORMATION**

PLEASE ACCEPT MY(OUR) PLEDGE TO SUPPORT THE FUTURE HOME OF YANKTON COLLEGE.

\$500  \$1,000  \$5,000  \$10,000  Other \_\_\_\_\_

ALL LEVELS WILL BE ACKNOWLEDGED. DESIGNATED LEVELS WILL EARN NAMING RIGHTS (beginning at \$25,000).

I (We) would like more information on naming rights. Please contact me (us).

MY (OUR) PLEDGE WILL BE PAYABLE:  One time  Quarterly  Annually  Other

SPECIAL INSTRUCTIONS: \_\_\_\_\_

I (WE) WISH TO HAVE MY (OUR) GIFT REMAIN ANONYMOUS.

## YANKTON COLLEGE ALUMNI & EDUCATIONAL CENTER

*I declare my intention to support the FUTURE HOME OF YANKTON COLLEGE by pledging the amount indicated above.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**GIFT WILL BE MATCHED BY EMPLOYER** (company name) \_\_\_\_\_

Increase the impact of your contribution. Please include employer matching gift form.  Form enclosed  Form will be forwarded

**THIS GIFT IS MADE** - (Designate a name)

IN MEMORY OF \_\_\_\_\_

IN HONOR OF \_\_\_\_\_

**METHOD OF PAYMENT**

**Check** (first payment is enclosed). Make check to Yankton College Alumni & Educational Center (YCAEC).  **Credit Card**  **Other**

*I authorize Yankton College to collect my gift through my credit card.*

Visa  Mastercard  Discover  American Express #: \_\_\_\_\_ Expires: \_\_\_\_\_ 3-digit #: \_\_\_\_\_  
(on signature panel)

Authorized Credit Cardholder Signature \_\_\_\_\_

Yankton College is exempt under the requirements outlined in section 501(c)(3) of the IRS code and contributions are tax-deductible to the extent allowed by law with tax ID of 46-0224603. No goods or services are provided in consideration of this contribution. **THANK YOU!**