



HARTNELL COLLEGE
FOUNDATION

GIFT AGREEMENT

Today's date: _____

_____ Yes, we would like to support the **King City Education Center** with a pledge of \$ _____. This pledge will be a gift paid to the Hartnell College Foundation by _____ over the period and beginning on the date indicated below.

Note: The Hartnell Community College District AP 6620 "Naming of Facilities and Properties" policy is available upon request.

Please invoice for this gift over _____ years beginning on (date) _____.

Note: The Donor may accelerate the payment of any or all of this pledge at any time in Donor's discretion so long as the cumulative total of all gift payments meets the foregoing schedule.

NAMING & PAYMENT INFORMATION

Contact person:

Name	Phone	Email
------	-------	-------

Name as it should appear for recognition purposes (if different than above):

Naming can be an even more meaningful experience when we take this opportunity to recognize and remember those who have had a significant impact on our lives. Consider naming in honor or in memory of a loved one!

Name as it should appear on the room/area (if named in honor or in memory, please include the phrase that should accompany the names(s) included):

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Check enclosed is made out to Hartnell College Foundation.

Please bill me on (date) _____ for \$ _____

Please charge to (circle) : VISA MasterCard

Card number: _____

CVV _____ Exp. ____/____ (mm/yyyy)

Name on card: _____

Billing address (if different from above): _____

ACCEPTED AND AGREED TO:

Donor signature: _____

Signature of the Vice President of Advancement: _____

**Return to: Jackie Cruz, Vice President of Advancement
Hartnell College Foundation
411 Central Avenue, Salinas, CA 93901**

Phone: (831) 755-6810 | Fax: (831)759-6038 | Email: jcruz@hartnell.edu