

Contributions and Pledges



To support Northark's mission to meet the growing needs of area citizens and businesses, I pledge my support.

Please complete this section or attach a business card.

Name: Mr. / Mrs. / Ms. / Dr. _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

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

Payment Options:

Enclosed is a gift of \$ _____

Based on the pledge levels below, I pledge \$ _____ over a _____ -year period.

My first pledge payment of \$ _____ is enclosed.

Please mail a pledge reminder to me: annually monthly quarterly semi-annually

Name of Donor Club

Governor's Club
President's Club
Colonist Club
Settler's Club
Trailblazer Club
Explorer's Club
Pathfinder's Club

Contribution per year

\$10,000 or more per year
\$5,000 - \$9,999 per year
\$1,000 - \$4,999 per year
\$500 - \$999 per year
\$250 - \$499 per year
\$100 - \$249 per year
\$10 - \$99 per year

I would like to contribute via credit card:

Bankcard Account Number: _____ Exp. Date: _____

Amount: \$ _____ American Express MasterCard Visa

Cardholder Name (please print): _____

Cardholder Signature: _____ Date: _____

Matching Gift: Yes, my company will match my gift. The appropriate documentation to receive the gift is enclosed.

Memory/Honor:

My gift is in memory of: _____

My gift is in honor of: _____

Please mail an acknowledgement to: (name) _____
(address) _____

Public Recognition: May the North Arkansas College Foundation publicly acknowledge this commitment? Yes No

Signature

Date

Please make checks payable to the **North Arkansas College Foundation, Inc.** and return the completed form, along with your contribution, to Dr. Jim Stockton, Vice President for Institutional Advancement, North Arkansas College, 1515 Pioneer Drive, Harrison, AR 72601. Telephone: 870.391.3229; fax: 870.391.3329; e-mail: stockton@northark.edu.