

COTTEY

Donor Name _____
Corporation or Foundation (if applicable) _____
Address _____
City, State, Zip _____
Telephone _____ E-mail _____
Cottey Alumna Class Year _____ P.E.O. Chapter _____

GIFT INFORMATION

In support of Cottey College and in consideration of the gifts of others, I/We commit to:

Total Gift (or Pledge) \$ _____ Enclosed Payment \$ _____ Balance (if any) \$ _____
(Checks and other payments should be payable to Cottey College.)

If a pledge, the first/next payment will be made on: _____
and thereafter Monthly Quarterly Semi-annually Annually
for a period of 1 year 2 years 3 years

Corporate Matching Gifts: My gift will be matched by _____
 Signed and completed matching gift forms are enclosed; I have applied via company's Web site

Please **designate** my gift toward:

Area of greatest need Scholarships Other _____

NOTIFICATION & RECOGNITION

This contribution is made (select one): In Honor of In Memory of

Name _____

Please notify: _____

(Optional) _____

DONOR SIGNATURE(S) _____ Date _____

Cottey College | Office of Institutional Advancement | 1000 W. Austin | Nevada, Missouri 64772
Phone 417-667-8181 ext. 2120 | Fax 417-448-1015

All contributions to Cottey College a non-profit, 501(c)(3) organization, are tax deductible to the fullest extent allowed by the law.