

I want to make a one time gift to the campaign for the **Cargill Natural Sciences and Health Building**.

Amount: \$1,000 \$500 \$100 \$50 \$25 Other _____

Choose one: **Via check** Payable to "Berea College"

Via credit card Credit card gifts must be a minimum of \$5.

Visa Mastercard Discover American Express

(credit card number)

(expiration date)

Signature _____
(required)

Matching Gift:

Are you or your spouse employed by a company with a matching gift program? Many companies will match your gift, multiplying its impact. Please obtain the proper form from your employer, complete, and return it with your gift.

This gift will be matched by _____

Optional: I would like to make my gift in honor of: in memory of:

Full Name (please print) _____ **City** _____ **State** _____

I want to give to the **Cargill Natural Sciences and Health Building** monthly.

Monthly Amount: \$100 \$50 \$25 Other _____

Choose one: **From my checking account***
 I have attached a voided check for electronic withdrawal.

From my credit card** Credit card gifts must be a minimum of \$5.

Visa Mastercard Discover American Express

(credit card number)

(expiration date)

Signature _____
(required)

I hereby authorize Berea College to arrange automatic monthly payments from my checking account or credit card. If I choose to terminate this agreement, I will provide the college with written notification, allowing 30 days for cancellation. Per IRS regulations your credit card gift date is the date your credit card is charged, not the postmark date. *For bank accounts, electronic drafts will be processed on the first working day of the month. **Credit card gifts will be processed monthly based on the date of the first gift.

I want to give to the **Cargill Natural Sciences and Health Building** in annual installments.

For gifts between \$1,000 and \$3,000, you may wish to consider a pledge to make annual gift installments. Simply complete the form below listing the amount and date you'd like to make each gift. If you'd like to make a pledge for a larger gift, please contact our office at 1-800-457-9846.

First Year \$ _____
(amount) (installment date)

Second Year \$ _____
(amount) (installment date)

Third Year \$ _____
(amount) (installment date)

Required Information:

Name (please print) _____ **Date** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Signature (required) _____

Additional Information

Please help us to process your gifts more efficiently by providing additional information below.

Email Address _____ **Phone Number** _____

Spouse Name (please print) _____

Please complete this form and return it to: **Berea College, CPO 2216, Berea, KY 40404**