Please complete the following so we may accurately credit your gift.

First Name:_____
Last Name:_____
Work Phone: (____)_____
Home Phone: (____)_____
Address:_____
City:_____ State:_____ Zip:_____

Please designate my gift to: (please circle your choice)
Scholarship Campaign
Greatest Need
Institutional Development
Other _____

I would like
__ this gift credited to me as an individual
__ to share credit for this gift with my spouse:
*(name)*_____
__ to make this gift in memory of:
*(name)*_____
__ to make this gift in honor of:
*(name)*_____

Enclosed is my gift of:
__$1,000 __$500 __$250 __$100 __$50 __$25 _____Other

Make your check payable to Fort Peck Community College

__MasterCard __Visa Expiration (month/yr)_____/____
card # _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
My employer matches gifts to higher education
Name of employer:_____
I/We pledge $ *(amount)*_____starting *(month/year)*_____
and ending *(month/year)*_____. Amount enclosed $_____.
Please send me pledge reminders:
___annually ___quarterly ___monthly

For FPCC Employees:
__ My gift of $_____ will be made through payroll withholding.
Social Security # _____
Amount deducted monthly: _____
Beginning Pay Date:_____