



I would like to support John A. Logan College (JALC) by pledging \$ _____ through the JALC Foundation.

I would like to donate my entire gift immediately.

I would like to make my gift over a specific time period.

Installments shall be in increments of \$ _____, beginning on _____ for an

annual, semi-annual, quarterly, or monthly basis

Pledge will be for 1 year 2 years 3 years 4 years 5 years

My gift is designated for the: _____

• Please indicate your area of giving interest such as the **General Fund** or the name of a specific Foundation account.

Payment can be in the form of:

Check payable to **JALC Foundation**

Credit Card:

MasterCard

Credit Card # _____

Visa

Exp. Date _____

Discover

My gift will be **matched by employer(s)** listed below with an anticipated match of \$ _____ which is in addition to my pledge.

Name and phone number of Company/Foundation _____

Announcements of this gift, including amount and description of contributions and pertinent details, may be made in the usual JALC related publications provided for this purpose.

Date _____

Donor(s) Name _____

Address _____

Phone Number _____

E-mail _____

Signature of Donor _____

Please mail your check and completed form to:

John A. Logan College Foundation

700 Logan College Road

Carterville, Illinois 62918

Thank you for your support!

(Your gift may be tax deductible as designated by IRS Regulations.)