

# 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. Rodney Arnold, Vice President for Institutional Advancement, North Arkansas College, 1515 Pioneer Drive, Harrison, AR 72601. Telephone: 870.391.3229; fax: 870.391.3329; e-mail: [rarnold@northark.edu](mailto:rarnold@northark.edu).