



# WILSON COMMUNITY COLLEGE FOUNDATION, INC.

## GIFT AGREEMENT

This Gift Agreement, effective as of \_\_\_\_\_, 20\_\_\_\_, is made and entered into between \_\_\_\_\_ and the Board of Directors of the Wilson Community College Foundation, Inc. for the use and benefit of Wilson Community College and its students.

The parties hereby agree to the gift as follows:

- \_\_\_\_\_ Bequest/Estate Gift
- \_\_\_\_\_ Current Gift/Recurring Gift
- \_\_\_\_\_ Endowment (\$10,000+ to be used for scholarships)
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

### Gift Specification

- \_\_\_\_\_ Unrestricted
- \_\_\_\_\_ Restricted (please specify): \_\_\_\_\_

**My (our) gift is to be distributed accordingly:**

- \_\_\_\_\_ Annual Scholarship(s)
- \_\_\_\_\_ As Needed (per the Foundation Board of Directors)
- \_\_\_\_\_ For a Specific Program \_\_\_\_\_

**Do you have any other requirements for the distribution of the gift(s)? Please select all that apply and specify as needed.**

- \_\_\_\_\_ GPA \_\_\_\_\_
- \_\_\_\_\_ Demographic \_\_\_\_\_
- \_\_\_\_\_ Program/Area of Study \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

**Recognition**

The Wilson Community College Foundation appreciates the opportunity to acknowledge your commitment of stewardship to the College and its students by publicly recognizing your contribution. If you prefer to remain anonymous, we will respect your wishes.

\_\_\_\_\_ I (we) permit the Wilson Community College Foundation to use my/our name(s) in printed lists of gifts from contributors, which will appear in printed lists or publications and/or the Wilson Community College website. My/our name(s) should appear as: \_\_\_\_\_.

\_\_\_\_\_ I prefer to remain anonymous.

Printed Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_

**ACCEPTED AND AGREED TO:**

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

**BOARD OF DIRECTORS OF THE WILSON COMMUNITY COLLEGE FOUNDATION, INC.**

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Name (Please print)

\_\_\_\_\_  
Date

Title: \_\_\_\_\_

Chair or Vice Chair for the Board

*For more information or for specific suggested bequests for an endowment or a particular designation, please contact the Wilson Community College Foundation at (252) 246-1452 or (252) 246-1271. All donations are tax deductible. Tax ID: 58-1436911*