

**Donor information:**

Donor name (please print): \_\_\_\_\_

Preferred address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: (     ) \_\_\_\_\_ Work phone: (     ) \_\_\_\_\_

Cell phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

My gift of \$ \_\_\_\_\_ is to support the general purposes of the Campaign, or designated as follows \_\_\_\_\_.

Enclosed is \$ \_\_\_\_\_

**My gift will be paid in the following manner:** Pledge: The pledge balance of \$ \_\_\_\_\_ will be paid:  Monthly  Quarterly  Semi-annually  Annually  
over course of \_\_\_\_\_ years (maximum 5 years). Please bill me starting on: \_\_\_\_\_  
MM/DD/YYYY One-time payment Planned gift I am affiliated with a company that has a matching gift program. Employer: \_\_\_\_\_**Gift to be made:** In my name as printed above  In honor of: \_\_\_\_\_ In memory of: \_\_\_\_\_ I/we prefer to remain anonymous

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment method:** NECC payroll deduction Check  Stock Credit card:   \_\_\_ Visa   \_\_\_ MasterCard   \_\_\_ Discover   \_\_\_ American Express

Card Number

Expiration Date

Security Code

Note: Please make check payable to "NECC Foundation, Inc." *Your gift is tax deductible to the extent allowed by law in the year paid.***Please send this Pledge Agreement to:**

Northern Essex Community College Foundation, Inc., 100 Elliott Street, Haverhill, MA 01830

**For further information, please contact:**Allison M. Dolan-Wilson, Vice-President Institutional Advancement | Executive Director, NECC  
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