



HARTNELL COLLEGE  
FOUNDATION

# GIFT AGREEMENT

Today's date: \_\_\_\_\_

\_\_\_\_\_ Yes, we would like to support the **Soledad Education Center** with a pledge of \$ \_\_\_\_\_. This pledge will be a gift paid to the Hartnell College Foundation by \_\_\_\_\_ over the period and beginning on the date indicated below.

Note: The Hartnell Community College District AP 6620 "Naming of Facilities and Properties" policy is available upon request.

Please invoice for this gift over \_\_\_\_\_ years beginning on (date) \_\_\_\_\_.

Note: The Donor may accelerate the payment of any or all of this pledge at any time in Donor's discretion so long as the cumulative total of all gift payments meets the foregoing schedule.

# NAMING & PAYMENT INFORMATION

Contact person:

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Name

Phone

Email

Name as it should appear for recognition purposes (if different than above):

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Naming can be an even more meaningful experience when we take this opportunity to recognize and remember those who have had a significant impact on our lives. Consider naming in honor or in memory of a loved one!

Name as it should appear on the room/area (if named in honor or in memory, please include the phrase that should accompany the names(s) included):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check enclosed is made out to Hartnell College Foundation.

Please bill me on (date) \_\_\_\_\_ for \$ \_\_\_\_\_

Please charge to (circle) :    VISA                      MasterCard

Card number: \_\_\_\_\_

CVV \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ (mm/yyyy)

Name on card: \_\_\_\_\_

Billing address (if different from above): \_\_\_\_\_

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**ACCEPTED AND AGREED TO:**

Donor signature: \_\_\_\_\_

Signature of the Vice President of Advancement: \_\_\_\_\_

**Return to: Jackie Cruz, Vice President of Advancement  
Hartnell College Foundation  
411 Central Avenue, Salinas, CA 93901**

**Phone: (831) 755-6810 | Fax: (831)759-6038 | Email: [jcruz@hartnell.edu](mailto:jcruz@hartnell.edu)**