Sheridan College *Areas of Greatest Need* Campaign
Gift Form

I want to support the *Areas of Greatest Need* to enhance student learning opportunities at Sheridan College.

Enclosed is my gift for: ___ Areas of Greatest Need ___ Other

___ $1000 ___ $500 ___ $250 ___ $100 ___ Other: _____ Please Specify: _____

_____My company will match my gift *(Company Name):* _____
(*Company Form is Required)*

You may publicize my name as a campaign supporter _____ Yes_____ No

Please list me in the following manner: _____

Donor Name Mr./Mrs./Ms./Dr./ or Business Name: _____

If a Business, include Name of Primary Contact Person: _____

Mailing Address: _____ _____ _____ _____
(Address) *(City)* *(State)* *(Zip+ 4)*

E-mail _____**Telephone: (*day*)** _____ **(*evening*)** _____

_____ _____
Donor Signature *Date*

THANK YOU FOR YOUR SUPPORT!

Sheridan College Foundation
PO BOX 6328
Sheridan, WY 82801

_____
Spouse's Signature for a Joint Gift *Date*

Alum/Past Student of Sheridan College ___ Yes ___ No

Name on Student Record _____ Class Year or Years attended _____

Sheridan College Foundation is a 501(c) (3) charitable organization. Tax ID# 83-6006226
Your contribution is tax-deductible, within the extent of the law.