



Naming Opportunities Contribution and Agreement Form

My affiliation with HACC, Central Pennsylvania's Community College (*please select all that apply*):

Alumnus Board Member Community Partner Donor Employee Parent

Please complete this section or attach a business card.

Prefix(es): Mr. Ms. Mrs. Dr. Prof. Other: _____

Name(s): _____

Organization (*if applicable*): _____

Preferred Address: Home Business

Street: _____ City: _____ State: _____ Zip: _____

Preferred Phone: Home Business Cellular _____

Preferred Email: Personal Business _____

Using the list of naming opportunities provided (www.hacc.edu/spacenaming), please indicate which option is of most interest to you:

Campus: Gettysburg Harrisburg Lancaster Lebanon York

Building _____

Room _____

Please note that the maximum number of named spaces from one gift is four. For instance, if a \$50,000 contribution is received, you may choose up to four spaces that total \$50,000 or less.

Name of donor(s) as it should appear: _____

If this gift is made in memory and/or in honor of someone, please provide the names below:

My gift is in memory of: _____

My gift is in honor of: _____

Please notify _____ of my/our gift at the following mailing address

Relevant background information or history on the donor or honoree:

Payment Options:

- Enclosed is a gift of \$ _____
- I pledge \$ _____ over a _____ - year period (maximum of five years).
My first pledge payment of \$ _____ is enclosed. Please mail a pledge reminder to me:
○ Annually ○ Monthly ○ Quarterly ○ other _____
I would like the amount of each payment to be: _____
- I would like to contribute via credit card (*Please visit www.hacc.edu/givenow*)
- I would like to contribute stock: _____
- My employer will match this gift. I will submit the necessary paperwork. Here is the company name:

Note: Please contact the HACC Foundation at foundation@hacc.edu for the appropriate stock forms.

Please note that installation of signs and recognition for named spaces will take place upon receipt of a fully executed pledge form and a contribution that equals 20 percent of the pledged amount. In the event that 100 percent of the pledge is not fulfilled by the agreed upon pledge period, HACC will issue no refunds and signage will be removed.

Public Recognition:

May the College publicly acknowledge this commitment? Yes No

If “yes,” the College will work closely with you to determine how you would like your generosity to be recognized. Examples of public recognition include news releases, special events, plaques and signage.

Name of donor(s) as it should be acknowledged: _____

I have read and agree to abide by all HACC Foundation naming-related policies and procedures (www.hacc.edu/namingopportunities/policy).

Print Name of Donor(s): _____

Signature of Donor(s): _____

Date: _____

I accept this agreement on behalf of the HACC Foundation.

Printed Name of HACC Foundation Official: _____

Signature of HACC Foundation Official: _____

Date: _____

*Please make checks payable to the **HACC Foundation** and return the completed form, along with your contribution, to the HACC Foundation, PO Box 8915, Lancaster, PA 17604-9966. Thank you!*