



Gift Form: *Please fill out both sides*

Donor Contact Information

Organization/Individual Name

Mailing Address

Street Address

City State Zip

Telephone Fax

E-mail

Donation/Pledge Information

I/We want the Arthur Capper Cooperative Center educational program to benefit from the following commitment:

- Organization pledge and/or contribution
 - Five for Five Campaign Contribution *(check if true)*
(Five dollars per producer-member per year for five years)
- Personal pledge and/or contribution
- Matching gift from my company
Please enclose the company form or special instructions to secure gift.

Use the following contact information to return the form and/or to request more information:

David Barton, Director
 ACCC/Dept. of Ag. Econ.
 305 Waters Hall 785-532-1508
 Kansas State University dbarton@ksu.edu
 Manhattan, KS 66506



Gift Form: *Please fill out both sides*

Contribution Information

Total Donation (including pledged amount) \$ _____

(Please indicate whether you're making a donation or a pledge.)

Cash Donation only (amount enclosed): \$ _____

Five for Five Campaign Contribution
(Check this box if this pledge is a \$5 per producer-member for five years commitment and fill out the pledge section below.)

Pledge
First payment on pledge (check enclosed): \$ _____

Pledged amount to be paid later: \$ _____

Remaining pledge payment schedule and instructions:

- Annual payments
- Monthly payments
- Other payment schedule: _____

Total Amount Enclosed: \$ _____

Please make checks payable to "KSU Foundation/ACCC."

Contribution Purpose

Please indicate the percentage or dollar amount for each fund you would like your donation to support:

- | | <u>% or \$</u> |
|---|----------------|
| <input type="checkbox"/> General ACCC Fund | _____ |
| <input type="checkbox"/> Matthew Kent Stamper Memorial Scholarship | _____ |
| <input type="checkbox"/> Otis and Mary Lee Molz Cooperative Scholarship | _____ |
| <input type="checkbox"/> Joseph Lieber Memorial Cooperative Scholarship | _____ |
| <input type="checkbox"/> MAB Scholarship | _____ |
| <input type="checkbox"/> Cooperative Internship Scholarship | _____ |
| <input type="checkbox"/> Distinguished Professor Position | _____ |
| <input type="checkbox"/> Other: | _____ |