

# C-400 Presidential Scholarship

(\$2,500 or more annually for a minimum of four years)

Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone and/or Cell Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

I/We would like the scholarship to be named the \_\_\_\_\_

C-400 Presidential Scholarship.

Please contact me so that we can further discuss my gift.

## *Payment Options:*

- Enclosed is my first year gift of \$\_\_\_\_\_.  
 Please send me a reminder for the balance beginning \_\_\_\_\_ (*month/year*)  
\$\_\_\_\_\_  annually  semiannually  quarterly  monthly
- I would like the convenience of automatic monthly withdrawal.  
(*Please contact our office at 800.699.9896 for an authorization form.*)
- Please charge my gift to:  Visa  Mastercard  American Express  
 A. in the amount of \$2,500  B. I prefer monthly payments of \$208.34

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

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three digit cvw number \_\_\_\_\_ (*found on back of card*)

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

## *Payment Schedule and Scholarship Award Timeline:*

Gifts totaling \$2,500 or more received between May 1 and April 30 will be awarded the following fall.

*I/We understand that this pledge does not represent a binding obligation on my/our part  
or on the part of my/our heirs. Contributions are tax deductible as provided by law.*

Checks should be made payable to Concordia College.

Complete and mail to:

C-400 Annual Giving, Concordia College, 901 8th St S, Moorhead MN 56562.