



## FACULTY & STAFF GIFT AND PLEDGE FORM

### Outright Gift

My/Our gift is enclosed and payable to "Grinnell College"  
Please charge this gift to my credit card. *(Credit Card gift form required)*  
I/We wish to make a gift of property: ☐ Stocks/Securities ☐ Other

### Payroll Deduction

I authorize the payroll office to deduct my/our gift from my paycheck. Amount to be deducted: \_\_\_\_\_  
☐ one-time ☐ each pay period  
Please start this deduction ☐ immediately ☐ on selected month: \_\_\_\_\_  
If this gift is to be deducted each pay period, please specify end date: \_\_\_\_\_ (mm/yyyy) ☐ No End Date  
*You will receive an annual receipt for all payroll deduction contributions.*

### Other Methods of Giving

I/We wish to make a gift of property: ☐ Stocks/Securities ☐ Real Estate ☐ Other  
I/We intend to recommend gifts to Grinnell College through a third party such as a family foundation, community foundation, private business or private corporation. Please consider this a pledge for reminder purposes only.

### Corporate Matching Gifts

My spouse/partner's company offers a match for charitable contributions.  
Company Name \_\_\_\_\_ *(Please include company's matching gift form)*

### Gift Designation

This gift is unrestricted and may be used where the need is greatest at Grinnell College.  
Please designate this gift for this specific purpose: \_\_\_\_\_  
*If interested in creating a new fund administered by Grinnell College, please contact our office at the number listed above.*

### Additional Instructions

I/We would like this gift to be considered confidential. *(Signed Donor Confidentiality Request required)*  
The College may list my/our name(s) amongst those of other donors in recognition pieces.  
If you do, please list me/us as: \_\_\_\_\_  
The gift is being made ☐ in memory or ☐ in honor of: \_\_\_\_\_  
Please have a Grinnell College Development staff member contact me about:  
☐ Making a gift and receiving lifetime income ☐ Named scholarships, professorships or other endowment opportunities  
☐ Including Grinnell in my Will

### Contact Information

Name: _____	Spouse/Partner's Name: _____
Email: _____	Email: _____
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Phone: _____	Phone: _____

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vice President for Development and Alumni Relations Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For your gift to count in our fiscal year, you must do one of the following:

Postmarked by June 30 • Online by 11:59 PM CT on June 30 • By phone during regular business hours (8 am – 5 pm) by June 30

*Thank you for your support of Grinnell College.*

Grinnell College and its employees do not provide tax or legal advice. Donors should consult their legal and financial advisors.