



Excellence Fund Donation Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Levels of Giving

\$10,000 and above . . . . .Platinum

\$5,000 to \$9,999 . . . . .Gold

\$1,000 to \$4,999 . . . . .Silver

\$500 to \$999 . . . . .Bronze

\$250 to \$499 . . . . .Principal

\$100 to \$249 . . . . .Sustaining

\$24 to \$99 . . . . .Merit

One time gift of \$ \_\_\_\_\_

Annual pledge to be paid quarterly or biannually:  
I pledge \_\_\_\_\_ (per payment) \_\_\_\_\_ (# of payments/yr.) for a total gift of \$ \_\_\_\_\_.

Mastercard                       Visa                      Card # \_\_\_\_\_  
 Am Ex                                 Discover                Exp. Date \_\_\_\_\_

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

I would like to honor the following ICCSD staff member or volunteer with my donation to the Excellence Fund: \_\_\_\_\_

My gift is in memory of: \_\_\_\_\_

My employer will match my contribution.

I am an ICCSD employee and would like information about payroll deduction.

I have included the ICCSD Foundation in my estate plans.

Please mail this form and your donation to:  
**ICCSD Foundation, 509 S. Dubuque St., Iowa City, IA 52240**  
Please make checks payable to ICCSD Foundation.  
Your contribution is vital to the Foundation and very much appreciated.  
Gifts to the ICCSD Foundation are tax deductible as allowed by law.