



Pledge Card

YES! I/We support the **SCTC Foundation**.

Method of Payment:

Cash/Check: Amount enclosed: \$ _____ (Please make check payable to the "SCTC Foundation".)

Bill Me: Start Date: _____

Total Gift \$ _____ over _____ Year(s) to be paid One-Time Monthly Quarterly Yearly

Credit Card: Start Date: _____

Total gift of \$ _____ over _____ Year(s) to be paid One-Time Monthly Quarterly Yearly

I wish my pledge of \$ _____ per Month Quarter Year to continue until further notice.

(Note: Your donation may be revoked at any time by sending written notification to the SCTC Foundation.)

VISA MasterCard Card# _____ Expiration Date: _____

By submitting your pledge the cardholder acknowledges receipt of goods and/or services in the amount of the Total shown above and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Cardholder Name

Cardholder Signature

Please use my gift for one of the following:

<input type="checkbox"/> Progress Fund (Use my gift where needed most)	<input type="checkbox"/> Computer Science Scholarship Fund
<input type="checkbox"/> Invest in a Vision HealthPartners Fund	<input type="checkbox"/> Construction Technology Scholarship Fund
<input type="checkbox"/> Accounting Scholarship Fund	<input type="checkbox"/> Dental Education Scholarship Fund
<input type="checkbox"/> Advertising Scholarship Fund	<input type="checkbox"/> DEX (DECA) Club Endowment Fund
<input type="checkbox"/> Alumni Association Fund	<input type="checkbox"/> Sales & Management Scholarship Fund
<input type="checkbox"/> Anatomy & Physiology Technology/Equipment	<input type="checkbox"/> Student Scholarship Endowment Fund
<input type="checkbox"/> Beat the Odds Scholarship Fund	<input type="checkbox"/> Technology/Equipment Fund
<input type="checkbox"/> Central MN Truck Technician Scholarship Fund	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Child Care & Paraprofessional Scholarship Fund	<small>*An administrative fee of 10% may be accessed on all designated gifts.</small>

My name may be listed as a SCTC Foundation contributor

Yes No

Signature: _____ Date: _____

Name: _____ (Please record your name as you would like it to appear in any donor information.)

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____ E-mail: _____

Matching gift programs can double your gift to the SCTC Foundation. Please call your personnel office to see if your company has a matching gifts program. Get a matching gift from them and follow the directions for matching your gift.

Thank you for your gift.

Please mail to: SCTC Foundation
1540 Northway Drive
St. Cloud, MN 56303