



## ACCESS College Foundation Donation Form

Name: \_\_\_\_\_ (As it should appear in our annual report)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

- Please check if you prefer email communications.  Please check if you wish to remain anonymous.

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**Yes!** I support ACCESS College Foundation's mission to help local public high school students go to college. I/we hereby gift to the ACCESS College Foundation the sum of: (Check one below)

- \$25  \$100  Other \$ \_\_\_\_\_  
 \$50  \$500

This gift is in Honor./Memory (circle one) of: \_\_\_\_\_

I would like to support ACF in other ways, please send me more information about: (Check below)

- Named Scholarship  Other \_\_\_\_\_  
 Event Sponsorship

**LET YOUR LEGACY LIVE ON!** The **Batten Legacy Society** welcomes as members, donors who make a planned gift - regardless of size. To explore planned giving options, please contact Dionne Scott, Vice-President for Development at 757.351.2809.

- I am interested in making a Planned Gift. I look forward to hearing from an ACCESS representative.

I understand that my/our gift will be used to help ACCESS College Foundation provide critical college services to help students in South Hampton Roads attain their dream of going to college.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### PAYMENT INFORMATION

Please arrange my/our payments as follows:

**Payment Type:**

- Enclosed Check \$ \_\_\_\_\_ Chk# \_\_\_\_\_  Direct Bill (Invoiced)  Stock (Invoiced)  
 Credit Card\* # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CSV (3 or 4-digit on back of card): \_\_\_\_\_  
 AMEX  Discover  Mastercard  VISA

\*Network for Good facilitates our credit card donations and there is a minimum 5% fee for all credit card donations.

- Please make this a recurring monthly gift

**Mail to:**  
2555 Ellsmere Avenue, Suite 110  
Norfolk, VA 23513