



Office of Development & Alumni Relations
 733 Broad Street
 Grinnell, Iowa 50112-1690
 Direct: (641) 269-1846 or Toll Free: (866) 850-1846
 Fax: (641) 269-3222
 www.grinnell.edu

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.