

# JOIN TEAM IRSC 2020!

Dr.  Mr.  Mrs.  Ms. Name \_\_\_\_\_  
Address \_\_\_\_\_ IRSC Alumni? \_\_ Yes \_\_ No  
City State Zip \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Administration  Full-Time Staff  Part-Time Staff  Full-Time Faculty  Part-Time Faculty  
Preferred Phone \_\_\_\_\_ IRSC Ext. \_\_\_\_\_  
How do you want to be listed on IRSC Foundation's Honor Roll? \_\_\_\_\_  
 I prefer to remain anonymous.

## My 2020 gift

### Designate my gift as follows:

\$ \_\_\_\_\_ Treasure Coast Advanced Manufacturing Center  
\$ \_\_\_\_\_ IRSC Employees Endowed Scholarship  
\$ \_\_\_\_\_ Take Stock in Children Scholarships  
\$ \_\_\_\_\_ Association of Florida Colleges (AFC) Scholarships  
\$ \_\_\_\_\_ Fielden Institute for Lifelong Learning Endowment  
\$ \_\_\_\_\_ Lifetime Alumni Association Membership (\$200)  
\$ \_\_\_\_\_ Other: \_\_\_\_\_

\$ \_\_\_\_\_ **2020 GIFT TOTAL**

### Payment Options:

- \* **Payroll Deduction** - equal amounts per pay period  
(Minimum total gift of \$100; cannot be used to pay for event registrations, i.e., Golf, 5K)  
 **Cash**  
 **Check**—made payable to the IRSC Foundation

\* **Credit**  MC  VISA  Discover  AmEx  
**Card #:** \_\_\_\_\_

Exp. \_\_\_\_\_ Security Code: \_\_\_\_\_

**Recurring Gift**—Charge \_\_\_\_\_ per month (min. \$20)  
of  1<sup>st</sup> or  15<sup>th</sup> of each month.

### IRSC Giving Clubs

President's Legacy (Planned Gift)  
President's—Lifetime (\$10,000+)  
President's—Annual (\$1,000)  
Golden Pioneer (\$500-\$999)  
Pioneer (\$100-\$499)  
River (\$1-\$99)

\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Planned Giving *(life insurance policy, bequest, or trust)*

- I'm interested in information about including IRSC in my estate plan (life insurance, will).  
 I have included IRSC in my will.

**Double the impact of your gift!** My spouse's employer offers an employee matching gift program, such as FPL, AT&T, Bank of America, BellSouth, Prudential, State Farm, Exxon Mobil or Shell.

Spouse's Name \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

**Please complete, sign and return this form to the Foundation Office, Main Campus, Bldg. A, Room 130.**

You will receive an acknowledgement letter for tax purposes. (IRS TAX EIN: 59-1105591)

*Questions? Please call Monique Olson, ext. 7242. THANK YOU!*