

My/Our Commitment to Lynchburg College is to be allocated as follows:

- Annual Fund: it's about much more than balancing the books. It's about keeping true to the heart of our student-centered mission, where the needs of students come before everything else.
 - Unrestricted (greatest needs)
 - Scholarship
 - Faculty Development
 - Library
 - Athletics (Hornet Club)

- Burton Student Center: With the planned renovation and expansion of the Burton Student Center, we will be able to upgrade our student "living room."
 - Capital project building renovations and expansion – Burton Student Center
 - Endowment for Burton Student Center
 - Named Giving Opportunity: _____

- Claytor Nature Study Center: Ambitious plans are in place to achieve the College's vision of the Center as a nationally-recognized environmental science education and research facility.
 - Capital projects – Claytor Nature Study Center
 - Endowment for Claytor Nature Study Center
 - Named Giving Opportunity: _____

- DPT/Simulation Center/ Health Sciences: We have added a new doctor of physical therapy program and are building a new Regional Health Science Simulation Center to complement our thriving programs.
 - Capital Project – Doctor of Physical Therapy Program
 - Capital Project – Regional Health Science Simulation Center
 - Endowment for Doctor of Physical Therapy/Health Sciences
 - Named Giving Opportunity: _____

- Endowment: The power of an endowed gift is compelling. It serves the institution in perpetuity and provides a powerful legacy that benefits the College and honors the donor.
 - Unrestricted
 - Scholarship: _____
 - Other: _____

Memorials and Tributes (Optional)

This gift is in ____ honor/ ____ memory of _____

Please notify (amount of gift will not be disclosed):

Name: _____

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

Planned Giving

____ I would like information on how I can include Lynchburg College in my estate plans.

Giving Options:

My check for \$_____ is enclosed. (*make payable to Lynchburg College*)

My check will follow. Please send me a reminder on _____.

This gift/pledge will be paid in installments as follows:

\$_____ per month for _____ months (maximum 36 months).

OR

\$_____ once a year for _____ years (maximum five years).

Please charge \$_____ to my: Visa Master Card Discover

Card Number: _____ Expiration: _____

Name as it appears on card: _____

Installment Option: Please charge \$_____ of my gift immediately, and \$_____ in the following months (circle): July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June until my gift is paid in full.

Signature: _____

Donor Information (please print or type)

Name: Mr. Mrs. Miss Other: _____

First: _____ Middle/Maiden: _____ Last: _____

Suffix: _____ Class Year: _____

Relationship to Lynchburg College:

LC Alumnus Current Student Parent of current LC Student

Parent of former LC student Faculty/Staff Friend

Preferred address

City: _____ State: _____ Zip: _____

Telephone (home)

E-Mail

Job: Title: _____ Employer: _____

Please check if your employer will match your gift.

Partner Information:

Name: Mr. Mrs. Miss Other: _____

First: _____ Middle/Maiden: _____ Last: _____

Suffix: _____ Class Year: _____ Name while attending LC: _____

Spouse's Relationship to Lynchburg College:

LC Alumnus Current Student Parent of current LC Student

Parent of former LC student Faculty/Staff Friend None

Job: Title: _____ Employer: _____

Please check if this employer will match your gift. (instructions on how to match/or make a property gift/or make stock gift should be attached)

Thank you for choosing to make a gift to Lynchburg College: You can also give online by visiting www.lynchburg.edu/givingLC

Please complete the information and return the form to:
Lynchburg College, Office of Advancement
1501 Lakeside Drive, Lynchburg, VA 24501

Thank you for your support of Lynchburg College. Please contact us at (434) 544-8665 or (800) 621-1669 if you have questions or concerns about your gift.