

I/We would like to make a difference with a leadership gift to Essex County College Foundation in the amount of:

- | | | | |
|--|-------------------|--|-----------------|
| <input type="checkbox"/> Visionary Circle | \$50,000+ | <input type="checkbox"/> Director's Circle | \$5,000-\$9,999 |
| <input type="checkbox"/> Leadership Circle | \$25,000-\$49,999 | <input type="checkbox"/> ECCF Society | \$1,000-4,999 |
| <input type="checkbox"/> President's Council | \$10,000-24,999 | | |

Leadership givers will be invited to an annual event and receive invitations to special College events.

I/We wish to make a gift to Essex County College Foundation:

- \$999 \$750 \$500 \$250 \$100 Other amount: _____

___ Enclosed is my check. Make checks payable to Essex County College Foundation.

___ Please charge my credit card \$_____ Discover MasterCard Visa Amex Exp. Date: _____

CW/CVV2 Code _____ Card Number: _____

Name as it appears on the card: _____ Signature: _____

My gift will be matched by: _____ Enclosed is my matching gift form

First Name Middle Initial Last Name Class Year

Street Address

City State Zip Mobile Phone

Home Email Home Phone

Work Email Work Phone

Name for Donor Recognition (*if different from above*)

- I do not wish to be recognized in donor materials.
 I would like my gift to remain anonymous.

Gift Planning:

- ECCF is included in my will.
 I have a life income gift with ECCF as the beneficiary.

I would like to designate my gift to the following fund(s):

- Area of greatest need
 Scholarship/Financial Assistance
 Endowment

Your gift to Essex County College Foundation (ECCF) is tax-deductible within the limits of the law.

MAIL TO:
ESSEX COUNTY COLLEGE
FOUNDATION OFFICE
303 UNIVERSITY AVENUE
6TH FLOOR ROOM 6111
NEWARK NJ 07102-9826