

Current Use Program Commitment Form

New Amended

Name of current use program fund _____

My Gift and Payment

Gift Amount – minimum \$10,000 _____ Gift Date _____

Pledge Schedule? No Yes

 Initial Payment Amount _____ Initial Payment Date _____

 Annual Installment Amount _____ Annual Installment Date _____

Criteria (Please check any that apply)

Program Support Purpose

Academic Pathway _____

Academic Department _____

Reporting

Program Duration _____

Budget Required? _____ If Yes, please attach budget.

Report Frequency _____

Program Manager* _____

Additional Program Support Criteria

Personal Information

Donor Name* _____

Contact Name _____

Address* _____

City* _____ State* _____ Zip* _____

Cell _____ (W) Phone _____

E-Mail* _____

Is this gift from a foreign entity? No Yes

Refer to **Terms of Agreement for Establishing a New Fund** page online. giving.broward.edu/new-fund-toa

Reviewed & approved by

Vice President of Advancement & _____ Date _____

CEO of the Broward College Foundation _____

Donor Signature(s): _____ Date _____

_____ Date _____

I would like more information about estate planning.