



DAKOTA COUNTY
TECHNICAL COLLEGE
FOUNDATION

DONOR FORM

PERSONAL INFORMATION

Name _____

Phone _____ Email _____

Business/Company (if applicable) _____

Title/Position (if applicable) _____

Address _____ City _____ State _____ Zip _____

I wish my gift to remain anonymous

GIFT INFORMATION

Amount: \$ _____ One-time gift Annual ongoing gift Other _____

My employer matches gifts (enclose any necessary paperwork)

Are there other requirements you wish the recipient of these dollars to fulfill (GPA, demonstrates financial need, etc)

GIFT USAGE

Unrestricted Funds/Where Most Needed

Tuition Match-MN

Endowments (General or Specific area/program): _____

Scholarships (General or Specific area/program): _____

Equipment (General or Specific area/program): _____

Emergency Grants

Send form and check (payable to DCTC Foundation) to:
DCTC Foundation, 1300 145th Street East, Rosemount, MN 55068