

Florida Community College at Jacksonville Foundation, Inc.
Gift Agreement

Name of the Program or Scholarship:

Purpose of Gift:

Scholarship	_____
Program Support	_____
Faculty Chair	_____
Other (specify)	_____

Criteria for Award:

Schedule and Form of Contribution: The Donor agrees to contribute a total of \$_____ over _____ years at a rate of \$_____ per year to be paid each _____ beginning in _____.

Endowed _____ Restricted, not endowed _____ Unrestricted _____

Recognition:

The Donor agrees to public recognition of this gift. _____
The Donor wishes to remain anonymous with no public recognition.

College Discretion:

In the case of no eligible candidates in any year, the Foundation reserves the right to use the spendable funds of the account in the manner it deems most appropriate. In the event of a change in circumstances such that the need for the funds for the purpose set out above is greatly reduced or eliminated, the Foundation shall redirect the funds in the best interest of the College and as close to the Donor(s) original intent as possible.

Signed _____
(Donor Name) Date

Signed _____
(FCCJ Foundation, Inc.) Date