



YORK PUBLIC SCHOOLS

YORK REGIONAL WORKFORCE DEVELOPMENT CENTER & SCC REGIONAL LEARNING CENTER



SPONSORSHIP OPPORTUNITIES



Southeast Community College
LEARNING CENTER AT YORK



**York County
Development
Corporation**
Why York County

SPONSORSHIP INVESTMENTS

DESCRIPTION

LEGACY (Building Name Rights)	\$200,000+ Per year for 5 years
VISIONARY (Wing Name Rights)	\$100,000 Per year for 5 years
INNOVATOR	\$40,000 Per year for 5 years
CHAMPION	\$20,000 Per Year for 5 years
COLLABORATOR	\$10,000 Per year for 5 years
ADVOCATE	\$5,000 Per Year for 5 years
CONNECTOR	\$3,000 Per Year for 5 years
SUPPORTER	\$2,000 Per Year for 5 years
FRIEND	\$1,000 Per Year for 5 years

In-kind contributions are warmly welcomed and thoughtfully considered by both YPS and the Foundation. The valuation of such donations shall be established through mutual agreement, ensuring a fair and transparent process. Donors will be recognized in accordance with the determined value, with gratitude that reflects the significance of their generosity.

FOR MORE INFORMATION ON DONATING, PLEASE CONTACT:

Dr. Mitch Bartholomew | mitch.bartholomew@yorkdukes.org

Lisa Hurley | lhurley@yorkdevco.com

Rick Blessen | rblessen@southeast.edu | 402-323-5545

Michelle Birkel | mbirkel@southeast.edu | 402-323-3411

YOUR INVESTMENT IN THE FUTURE YORK REGIONAL LEARNING CENTER/REGIONAL WORKFORCE DEVELOPMENT CENTER IS TAX DEDUCTIBLE*, AND THERE ARE SEVERAL WAYS TO INVEST IN THIS CAMPAIGN.



York County
Development
Corporation
Why York County



YORK PUBLIC SCHOOLS



**SCC LEARNING CENTER & YORK REGIONAL WORKFORCE DEVELOPMENT CENTER
LETTER OF INTENT**

I/We are honored to provide the following gift for the **YORK SCC LEARNING CENTER/WORKFORCE DEVELOPMENT CENTER** capital campaign. Thank you for your support!

Gift amount (total intention): \$ _____

Initial Payment (please attach): \$ _____

Balance: \$ _____

- I/We will make my/our gift in ____ intervals of \$ _____ for a total of \$ _____
- I/We wish to make the balance of this gift payable on the following schedule:
Annually Semi-annually Quarterly Monthly
- I/We wish to begin paying the balance of this gift _____ (Month/Year)
- My/Our check, payable to Southeast Community College Educational Foundation, is enclosed
- I/We prefer to fulfill my/our pledge via methods other than cash/check (securities, IRA, etc.)
- Please prepare an invoice for my organization
- Please contact me regarding:
 - Making a recurring donation to SCC Foundation or fulfill my pledge via ACH
 - Matching gifts. I anticipate my gift will be matched by (specify organization)

- I prefer to charge my credit card. Or go to: southeast.edu/sccd donate

Card # _____ Exp. Date ____/____ Amount \$ _____

CVV _____ Signature _____

Organization Name: _____
(as you would like to be recognized in all marketing materials)

Primary Contact Name: _____

Email: _____ Phone Number: _____

Address: _____

Preferred Method of Communication: (Circle) Email Phone Mail

Signature: _____ Date: _____



SELECT FOUNDATION, THEN TYPE
"YORK PROJECT" IN THE BOX
BELOW.

Please make checks payable to SCC Foundation "YORK LEARNING CENTER CAMPAIGN" in the memo line. If you have any questions, contact Michelle Birkel, Executive Director 323-3411, mbirkel@southeast.edu or Rick Blessen, Advancement Director (402) 323-5545, rblessen@southeast.edu.

Mail completed form to: SCC Foundation, 8800 O St, Lincoln, NE 68520 - Federal Tax ID #: 51-0168407