



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.**



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**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/sccdonaate

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: _____

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