

Delta College Foundation Employee Giving Campaign



Name: _____ Employee #: _____
(First) (Middle Initial) (Last)

Address: _____
(Street) (City) (ZIP Code)

Dept./Division: _____ Office #: _____ Phone Ext.: _____

Signature: _____ Date: _____

I would like to support the following:

- | | |
|---|--|
| <input type="checkbox"/> Student Special Assistance | <input type="checkbox"/> Delta Broadcasting TV Membership |
| <input type="checkbox"/> Student Scholarships | <input type="checkbox"/> Delta Broadcasting Radio Membership |
| <input type="checkbox"/> Other: _____ | |

Delta College would like to recognize all employees who have contributed to this campaign. Do we have your permission to include your name on our hallway listing? _____ Yes _____ No, I'd like to remain anonymous

You can make your contribution online at: www.delta.edu/employeeegiving Or use this form to donate.

PAYMENT METHODS

1) *Payroll Deduction* Use payroll deduction for my pledge of \$ _____ (total amount) to:

- Deduct \$ _____ from _____ payroll checks effective _____
- I want my payroll deduction to continue indefinitely. If I choose to cancel it, I understand that I will need to give written notice to the Foundation. Cancellation will take seven days to process.

2) *Outright Gift* I would like to make my contribution as an outright gift. I have enclosed a check.

3) *Credit Card*

I would like to charge this gift to my credit card. Visa MasterCard Discover

Account Number _____ Expiration Date _____

V-Code Number (last three numbers on back of card) _____

Card Holder Name _____

Signature _____

All gifts of \$260 or more entitle you to receive one of the following gifts:

- Yes, I am donating \$260 or more, and **I would like to receive a gift (choose one below)**
- Yes, I am donating \$260 or more, but **I would prefer to NOT receive a gift**

- | | |
|--|---|
| <input type="checkbox"/> A collapsible Bluetooth lantern speaker | <input type="checkbox"/> A Delta College folding chair |
| <input type="checkbox"/> A set of two stemless glasses | <input type="checkbox"/> A Delta College sports blanket |

To make a contribution, please return this form to the Foundation Office (#A013), by September 29.
For more information, contact Pam Clark (ext. 9225) or Becky Barber (ext. 9226).

Thank you for your contribution!