



FACULTY AND STAFF CAMPAIGN

Yes! You can count on me to support the Faculty and Staff Campaign.

Please Designate My Gift As Follows (please choose one):

- | | |
|--|--|
| <input type="checkbox"/> Annual Fund | <input type="checkbox"/> _____ Scholarship |
| <input type="checkbox"/> Student Scholarships | <input type="checkbox"/> _____ Department |
| <input type="checkbox"/> Richard and Mary Morrison Student Hardship Fund | <input type="checkbox"/> Other _____ |

New Supporters: Please Choose One Payment Option Below

- My Check** made payable to Suffolk Community College Foundation is enclosed.
- Payroll Deduction:** With my signature below, I authorize SCCC's Payroll Department to automatically deduct from my paycheck in the amount of \$_____ per pay period.
- Credit Card:** Please charge my credit card the amount of \$_____
 One time **OR** monthly through _____).
 Visa MasterCard American Express

Name as it appears on card _____

Card # _____

Expiration _____ CVC _____

- I am interested in learning about additional ways to support the Foundation through bequests and estate planning.

Current Supporters:

- I currently support the Foundation through payroll deduction. Please increase my per pay period amount to \$_____.
- Add the above gift designation and increase my current payroll deduction by \$_____ per pay period.

Recognition (please choose one):

- I would like **both my name and gift amount range to remain anonymous** in all donor recognition publications.
- I would like **my gift amount range to remain anonymous** in all donor recognition publications.
- I consent to both my name and gift amount range to be listed in all appropriate donor recognition publications with my name to be listed as specified below:

Name _____

Please print exactly as you would like your listing to appear.

For example: John F. Jones ● John Jones in honor of Joe Jones ● In memory of Dr. John Jones

Contact Information:

Name _____ Title _____

Department _____ Campus _____ Employee ID _____

Home Address _____ City/St/ZIP _____

Email _____ Phone _____

Signature _____ Date: _____

Please return completed form and payment to:

Suffolk Community College Foundation - Faculty and Staff Campaign
The Cottage ● 533 College Road ● Selden, New York 11784