Gordon State College Foundation **Campus Campaign 2020 21**

Name _____ Department _____

Mailing Address _____ City_____ State _____ Zip _____

OPTION 1

PAYROLL DEDUCTION — Per Pay Period: $_____ ***please check appropriate boxes below.***

CONTINUE MY CURRENT PAYROLL DEDUCTION ☐

☐ Bi-Weekly employee ☐ 10-month employee ☐ 12-month employee

*Please return completed pledge form to your campaign team member.

I authorize a recurring payroll deduction as my gift to support the Gordon State College Foundation. This Payroll Deduction will remain in effect until I notify the Human Resources Office in writing.

Signature_____ Date _____

OPTION 2

PAYROLL DEDUCTION — ONE-TIME GIFT: $_____

I authorize a one-time payroll deduction as my gift to support the Gordon State College Foundation.

Signature _____ Date _____

OPTION 3

GIFT ENCLOSED: $_____ Cash* Check #_____ Dated:_____

Please make checks payable to Gordon State College Foundation.
*Please hand-deliver cash gifts to the Advancement Office (Lambdin 324) for receipting.

OPTION 4

CREDIT CARD: $_____ Date on-line gift submitted:_____

To pay online by credit card visit our website: **https://www.gordonstate.edu/give**

Click: **Credit Card Online** and use designation **Friends of Gordon** Annual Fund or **select a fund***.
Please return this completed pledge form to the campaign chairperson so we can confirm receipt.

DESIGNATE MY GIFT TO:

☐ Friends of Gordon Annual Fund (*18.52% will support GAP funding*)

☐ Specific Fund or Scholarship*:_____

*For a complete list of funds and scholarships visit:
https://www.gordonstate.edu/alumni/give-to-gordon/gordon-college-foundation/funds/index.html

Contributions are tax deductible. No goods or services were provided in exchange for this contribution. Thank You!

FOR PAYROLL USE:

Payroll Deduction Start Date:_____

Remaining Pay Periods until 6/30/2021:_____

Total projected contribution through 6/30/2021: $_____0