



D O N A T I O N F O R M

Name: _____ ID#: _____

Address: _____ Email: _____

Department: _____

Type of Transaction (*required field*): New Contribution/Pledge

Fund Designation: _____

Signature: _____ Date: _____

Note: Your donation is automatically submitted to the Employee Campaign Fund unless designated to a different fund which you have listed above. For questions on specific funds, please call the Foundation at 815-825-9803.

Lump Sum Donation: \$25 \$50 \$100 \$250 Other

Cash Check Credit Card

CC #: _____ Security Code: _____ Expiration Date: _____

Comments: _____

PAYROLL DEDUCTION

I authorize Kishwaukee College to deduct the amount designated below from my paycheck each pay period and remit the withheld amount to the Kishwaukee College Foundation. This authorization will continue in effect until one of the following events: termination of my employment with Kishwaukee College; the pledge is paid off; or until I submit written notice of cancellation to the Kishwaukee College Foundation. Change or cancellation of this authorization must be made in writing.

I authorize one of the following types of Payroll Deduction starting on _____ (*start date of pledge*)

Pay Period Deduction of \$ _____ until my Total Pledge of \$ _____ is fulfilled.

Ongoing Payroll Deduction of \$ _____ per Pay Period.

One-Time Pay Period Deduction of \$ _____

Sample Pledges & Deductions

Annual Contribution	Deduction Per Pay Period (20 bi-weekly payments)
\$120.00	\$6.00
\$240.00	\$12.00
\$480.00	\$24.00
\$1,200.00	\$60.00

(For Foundation use only)