

**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: \_\_\_\_\_

**P A Y R O L L D E D U C T I O N**

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)

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