

CCBC FOUNDATION, INC
EMPLOYEE GIVING CAMPAIGN
CASH/CHECK DONATION FORM

1. *Print Form*
2. *Mail completed donation form to the CCBC Foundation Office,
COLLEGE COMMUNITY CENTER-245, Dundalk Campus.*

Employee Section

Name: _____
Home Address: _____
City: _____ State _____ Zip: _____
Home campus: _____ Office location: _____
Telephone Number: _____ Email: _____
CCBC ID # (900#) _____

Contribution Section

Please indicate your choice:

_____ Make a one-time gift (cash/check) of \$ _____.
(Please make checks payable to the CCBC Foundation.)

_____ I would like my gift to support the Impact Fund
_____ I would like my gift to support the following fund(s):

Amount	Designation
_____	_____
_____	_____
_____	_____

Payroll Deduction – Beginning with first pay in May

one year (20 pays)

Pledge Information

_____ Please invoice

I wish to make a pledge of \$ _____ and make payments on a:
_____ Monthly _____ Quarterly _____ Annual basis beginning on
_____ for _____ year(s).

_____ I would like my name to be listed as

Signature: _____ Date: _____

Thank you for making an Impact!