

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
_____	_____
_____	_____
_____	_____

_____ I would like my name to be listed as

Signature: _____ Date: _____

Thank you for making an Impact!