



CECIL COLLEGE
FOUNDATION

Employee Annual Fund Contribution Form

Name (please print): _____

Employee ID # _____

Please indicate the amount you wish to give and the method you have chosen to make your gift this year:

- Enclosed is my check in the amount of \$_____ made payable to the *Cecil College Foundation*.
- I will make my gift through payroll deduction. I am making an annual fund gift of \$_____. Please begin deducting gifts from my paychecks in equal portions to ensure that my total annual donation reaches this amount by June 30.
- Begin deducting \$_____ from each of my paychecks and continue until I request a change in writing.

The Foundation encourages you to designate your donation to an area of your choice by indicating below how you would like to direct your annual fund gift.

Thank you for your support!

__ Cecil College Food Pantry: Amount of gift: \$ _____

__ Cecil College Textbook Fund: Amount of gift: \$ _____

__ Unrestricted (to be used where the needs are greatest): Amount of gift: \$ _____

__ Socrates Scholarship Fund in Honor or Retired Faculty Amount of gift \$ _____

__ C. Laney Hoxter Memorial Scholarship Fund: Amount of gift: \$ _____

__ Athletics (you may specify a sport): _____ Amount of gift \$ _____

__ Milburn Stone Theatre Amount of gift \$ _____

__ General Endowed Scholarship Fund Amount of gift \$ _____

__ Other: _____ Amount of gift \$ _____

TOTAL GIFT AMOUNT: \$ _____

Signature: _____

Date: _____

Please return this completed form to the Office of Community Relations and College Advancement.
Please contact foundation@cecil.edu or 410-287-1146 for additional information.