

Atlantic Cape Community College Foundation

Donation Form



Donor Information

Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email address _____

I am an Atlantic Cape Community College: ___ Student ___ Alumnus/a ___ Employee ___ Retiree ___ Friend

I attended/graduated from Atlantic Cape Community College in _____ (indicate year/years).

___ I wish to volunteer for Atlantic Cape Community College. Please contact me.

Giving Options

Payroll Deduction (*this option is for full-time employees only*)

Please deduct my gift by payroll deductions as follows:

___ \$40/pay ___ \$20/pay ___ \$15/pay ___ \$10/pay ___ \$5/pay or other amount: \$ _____

Number of pay periods for deduction: _____ Total gift amount: \$ _____

___ I authorize this gift by payroll deduction to be automatically renewed each year until such time as I terminate employment or notify the Executive Director of the Foundation in writing.

Signature _____ Date _____

Credit Card

Please charge my: ___ Visa ___ MasterCard ___ American Express ___ Discover

Credit card number _____

Security Code _____ Expiration Date ____/____/____ Amount \$ _____

Authorized Signature _____ Date _____

Check or Money Order

___ Enclosed is my gift of \$ _____ made payable to Atlantic Cape Community College Foundation.

Gifts of Securities and Real Estate

For more information, please contact Jean McAlister at (609) 343-4901 or mcaliste@atlantic.edu.

Acknowledgment Information

Please indicate how you would like your name to appear in acknowledgments:

___ I wish to have my gift remain anonymous.

Please mail this form with your gift to:

Atlantic Cape Foundation

Attn: President's Office, J-Building

5100 Black Horse Pike

Mays Landing, NJ 08330

(609) 463-3645 (FAX)