

## DONATION FORM

Name \_\_\_\_\_ J# (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please indicate how you would like your name to appear on our Honor Roll of Donors:

\_\_\_\_\_

I am a Community College of Philadelphia:

- Student     Alumnus/a     Employee     Retiree     Friend

I graduated from Community College of Philadelphia in \_\_\_\_\_ (indicate year).

Program of Study/Degree \_\_\_\_\_

I attended Community College of Philadelphia in/from \_\_\_\_\_ (indicate year/years).

### Giving Options

- Check or Money Order is enclosed.

(Make check payable to Community College of Philadelphia Foundation.)

Gift Amount: \$ \_\_\_\_\_

- VISIT [www.ccp.edu/donate](http://www.ccp.edu/donate) to make a donation by:

- Credit Card
- Direct debit/Electronic Funds Transfer (EFT)
- Recurring gift

#### Gift Designation

*Gifts are unrestricted unless designated.*

- Unrestricted/Greatest Need  
 Scholarships  
 Programs  
 Facilities, Furniture, Equipment  
 Other \_\_\_\_\_

### For Full-Time Employees Only

#### Payroll Deduction

Department \_\_\_\_\_ Phone \_\_\_\_\_

- Please deduct my gift by payroll deduction as follows:

\$50/pay     \$20/pay     \$15/pay     \$10/pay     \$5/pay     Other \$\_\_\_\_/pay

Number of pay periods for deduction: \_\_\_\_\_ Total Gift Amount: \$ \_\_\_\_\_

#### Automatic Renewal

- I authorize this gift by payroll deduction to be renewed automatically each year until such time as I terminate employment or notify the Office of Institutional Advancement in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send questions to Jean Kemper at [jkemper@ccp.edu](mailto:jkemper@ccp.edu).

Please mail this form with your gift to:

Community College of Philadelphia Foundation  
1700 Spring Garden Street, Annex 7<sup>th</sup> Floor  
Philadelphia, PA 19130