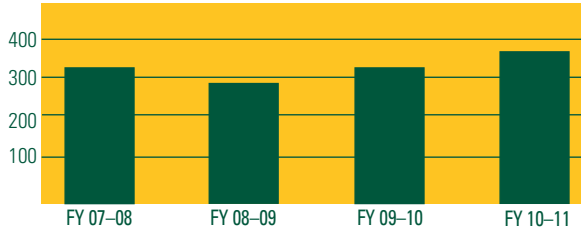
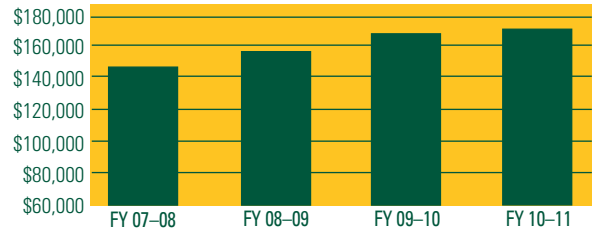


Faculty and Staff Participation
(Number of participants in hundreds)



Faculty and Staff Donations



The College at Brockport promises to reveal to each student each day his or her capacity for intellectual, physical and creative accomplishment.

Please help today's students become tomorrow's leaders – make your tax-deductible gift today!

The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK
Division of Advancement
350 New Campus Drive
Brockport, New York 14420
(585) 395-2451



The Brockport Foundation is grateful to all of our past and present donors. On behalf of all College at Brockport students who benefit from your generosity, we wish to express our appreciation.



GIVING SOCIETIES

- President's Leadership Circle (\$10,000+)
- 1835 Society (\$5,000 - \$9,999)
- Scholars Society (\$2,500 - \$4,999)
- Founders Society (\$1,000 - \$2,499)
- Deans Circle (\$500 - \$999)
- Green and Gold Circle (\$300 - \$499)
- Centennial Circle (\$100 - \$299)
- College Club (\$50 - \$99)



2011-2012 Faculty and Staff Campaign

YES, I want to support the Faculty and Staff Campaign at The College at Brockport with a contribution of \$ _____

Name _____

(As you wish to be listed in the Roll of Donors) I wish to remain anonymous.

Home address _____

City _____ State _____ Zip _____

Preferred phone () _____

Email _____

Dept./Office _____

Full-time employee Part-time employee

Please use my gift for the Extraordinary Scholarship Program.

Please designate my gift for use in the:

(Name of scholarship fund, program or department)

I would like to make my gift in memory in honor of

Please send notification to:

Corporate Matching Gifts: If your spouse works for a company that matches gifts to higher education, you may be able to double or even triple your contribution! Please check with his/her HR department for a matching gift form.

Yes! My spouse's employer will match my gift:

A matching gift form is enclosed.

I will send a matching gift form later.

Please send me information on how to make a gift to The College at Brockport in my will.

PAYMENT OPTIONS

Credit Card (Please complete the following section):

Please charge my credit card one time in the amount of \$ _____

Please charge my credit card \$ _____ monthly for the next one year three years five years Other _____

MC/VISA/AMEX/Discover# _____

Exp. Date _____

Name as it appears on card _____

Signature *(required)* _____

Check (Payable to the **Brockport Foundation**)

Payroll Deduction

Please note that all NEW payroll deduction pledges WILL NOT take effect until current payroll deduction pledges have been fulfilled.

Employee Name: _____ Social Security #: XXX - XX - _____

Agency: State University College at Brockport Foundation, Inc. Agency Code: 826

I pledge \$ _____ per pay period for (select one) one year three years five years Other _____

My payroll schedule is: 26 pay periods/yr. 20 pay periods/yr. 21 pay periods/yr. Other: (please specify) _____

To the State Comptroller: Pursuant to Section 201 of the State Finance Law, I hereby authorize you to deduct from each of my biweekly salary checks the deduction amount shown, for purpose of my contributing to a campus-related foundation, and to transmit such withholding amount to the designated provider. I understand that this authorization may be revoked at any time by written notice.

Employee signature: _____ Date: _____

For department use only

Current PD pledge ends on: _____ This PD pledge will begin on paydate: _____