

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)

Home address _____

City _____ State _____ Zip _____

Preferred phone () _____

Dept./Office _____

Full-time employee Part-time employee

- I wish to remain anonymous
 I would like to make my gift in memory in honor of

Send notification to: _____

Corporate Matching Gifts: Does your spouse work for a company that matches gifts to higher education? If yes, please check with his/her HR department for a matching gift form.

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

Please use my gift for **The Fund for Brockport.**

Please designate my gift for:

(Name of scholarship fund, program or department)

For additional information and to monitor the progress of this year's campaign, visit:

ALUMNI.BROCKPORT.EDU/FSCAMPAIGN

PAYMENT OPTIONS

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 - _____

I pledge \$ _____ per pay period, indefinitely
 or for 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: _____

Credit Card (Please complete the following section):

- Please charge my credit card one time in the amount of \$ _____
 Please charge my credit card \$ _____ monthly, indefinitely or for 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*)

How Your Gift Adds Up*

Per Paycheck Contribution	Annual Gift	Recognition Society
\$58.00	\$1,508	Brockport Fellows
\$38.50	\$1,001	Brockport Fellows
\$30.00	\$780	Dean's Circle
\$25.00	\$650	Dean's Circle
\$19.25	\$500	Dean's Circle
\$15.38	\$400	Green and Gold Club
\$11.60	\$300	Green and Gold Club
\$5.00	\$130	Centennial Club
\$3.85	\$100	Centennial Club
\$2.00	\$52	College Club
\$1.00	\$26	Ellsworth Club

* Based on 26 pay periods per year.

Please return completed form via interoffice mail to Nicole Dumbleton, Advancement.

Department use only: Current PD pledge ends on: _____ This PD pledge will begin on paydate: _____ File date: _____