

1 Contact Information



Employee Name: _____

Mailing Address: _____

Department: _____ Extension: _____

2 Gift Information

My gift will support the following:

You may split your gift across multiple areas by indicating dollar amounts below. Please understand that your gift will renew itself on an annual basis unless you notify the GSC Foundation of it's termination.

\$_____/PAY TO SCHOLARSHIPS - 31150

\$_____/PAY TO ANNUAL FUND (UNRESTRICTED) - 30060

\$_____/PAY TO ATHLETICS - 36305

\$_____/PAY TO OTHER: _____

\$_____ TOTAL PER PAY

-OR- \$_____ TOTAL TO _____ FUND SPLIT BETWEEN _____ PAY PERIODS.

3 Payroll Deduction

Do you already have a payroll deduction in place?

- Yes, please update my existing commitment. This enrollment supersedes any prior commitments.
- No, this is a new commitment.

4 Authorization

I hereby authorize the Foundation Office of Glenville State College to deduct the total amount indicated in Section 2 from my check each pay period to support the designated GSC program(s).

Employee Signature: _____

Please complete and return to:

Suite 212 Admin. Building
donate@glenville.edu
call us @ 304.462.4125