



GLENVILLE STATE COLLEGE

Campus Campaign

Employee Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Department: _____ Extension: _____

My total gift is: _____

Please accept my check payable to GSC Foundation

Please charge this gift to: Visa MasterCard

Account #: _____ Expiration Date: _____

Signature: _____

Payroll Deduction – Please deduct \$ _____ per pay period from my salary. I understand that this gift will renew itself on an annual basis unless I notify the GSC Foundation of its termination.

Payroll Deduction – Please deduct \$ _____ per pay period from my salary for a total gift of \$ _____. This will be done for _____ pay periods.

Designation of Gifts:

Unrestricted Support – *Provides GSC with the greatest flexibility to utilize gifts in areas where the need is greatest.*

Restricted Support – *Provides GSC with needed budget relief in the areas most necessary to the life of the College. Please specify below which area(s) you would like your donation to be directed.*

Signature

Date

Once completed, please return this form to the GSC Foundation Office