

MR. MS. MRS. MISS

NAME	EMPLOYEE ID	DEPT.
ADDRESS	CITY	POSTAL CODE
TELEPHONE	EMAIL	

PLEASE COMPLETE AND RETURN TO DEPARTMENT OF ADVANCEMENT

SUPPORT OPTIONS

YES, I would like to support Confederation College:

- ~~Continue Take Your Seat pledge~~ ~~\$9.62/pay for 12 mths~~
- Student Emergency Fund/food bank \$ _____
- Student Financial Aid \$ _____
- Other College Area: _____ \$ _____
(please indicate area)

College Annual Donation: \$ _____

THANK YOU!



The TEC Campaign has come to a close. Thank you to the employees that supported the Campaign. Your generosity helped us reach our goal, and offer our students state of the art equipment.

Also thanks to you, the Take Your Seat Campaign was a huge success - EVERY SEAT HAS NOW BEEN NAMED! 2-year pledges will continue throughout 2023.

YES, I would also like to support the United Way:

United Way Community Fund \$ _____

Total Annual Donation: \$ _____

PAYMENT OPTIONS

Payroll Deduction (Minimum \$5.00 per pay)

- \$___ Per Pay = Continuous Donation
- \$___ Per Pay = Annual Donation

By choosing payroll deduction (and per pay continuous donation), I understand that I will not be completing an annual form. I only need to complete this form if I wish to change the amount or make any changes for distribution of my donations.

By checking this box you agree to the terms and conditions of this form.

One Time Gift

- Cash \$ _____
- Cheque \$ _____

Please make cheques payable to Confederation College.

Credit Card

Please charge my credit card as indicated:

- Visa MasterCard AMEX

Card #: _____

Cardholder Name: _____

Expiry _____

+ CVC: _____

- One time gift payment \$ _____
- Monthly payments \$ _____

I authorize Confederation College to charge the amount(s) to my credit card as indicated. I understand that I may cancel this arrangement at any time with written notice.

THANK YOU FOR YOUR SUPPORT

Date _____