

ALUMNI

Employee Campaign

NAME	EMPLOYEE ID	DEPT.
ADDRESS	CITY	POSTAL CODE
TELEPHONE	EMAIL	
PLEASE COMPLETE	E AND RETURN TO DEPARTI	MENT OF ADVANCEMENT
		PAYMENT OPTIONS
SUPPORT OPTIONS		Payroll Deduction (Minimum \$5.00 per pay)
YES, I would like to support Confederation College:		☐ \$ Per Pay = Continuous Donation
	-	☐ \$ Per Pay = For 12 Months
☐ Student Financial Aid	\$	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
☐ Student Emergency Fund/food bank	\$	distribution of my donations.
☐ Other College Area:	\$	By checking this box you agree to the terms and conditions of this form.
(please indicat		
		One Time Gift
☐ Continue Take Your Seat pledge	\$ <u>9.62/pay for 12 mths</u>	□ Cash \$
		Cheque \$
College Annual Donation:	\$	Please make cheques payable to Confederation College.
		Credit Card
☐ I am a graduate of Confederation College YES, I would also like to support the United Way:		Please charge my credit card as indicated: Uisa MasterCard AMEX
		Card #:
		Expiry:/
		Cardholder Name:
		CVC:
☐ United Way Community Fund	\$	☐ One time gift payment \$
		☐ Monthly payments \$
Total Annual Donation:	\$	☐ 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 YO	DUR SUPPORT	
Onfederation	EXPERIENCE	Date