

# Employee Contribution Form

Return to the office of Advancement or email to [advancement@confederationcollege.ca](mailto:advancement@confederationcollege.ca)

## Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Gift Information

Student Financial Aid

Student Emergency  
Fund/Food Bank

Confederation  
College  
Endowment Fund

Other: \_\_\_\_\_

## Method of Payment

### Payroll Deduction

Total contribution divided by 26 pay periods per year.

The sum of \_\_\_\_\_ payable over \_\_\_\_\_ years, beginning \_\_\_\_\_.

*(Total amount)*

*(Maximum of five years for an edowed award)*

*(Effective date)*

Ongoing contribution of \_\_\_\_\_ per pay until otherwise notified.

### Other Contribution

The sum of \_\_\_\_\_ payable over \_\_\_\_\_ years, beginning \_\_\_\_\_.

*(Total amount)*

*(Maximum of five years for an edowed award)*

*(Effective date)*

Visa *(Please complete details below.)*

Mastercard *(Please complete details below.)*

Amex *(Please complete details below.)*

Pre-Authorized Chequing *(Please enclose a void cheque.)*

Cheque *(Please make cheque payable to Confederation College.)*

Annual

Semi-Annual

Quarterly

Other: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ CVC: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ *You can also click here to donate with our online donation form.*

Signature: \_\_\_\_\_

**Thank you for your support!**

*Confederation College Charitable Registration # 106966427 RR0002*

Questions? Contact [advancement@confederationcollege.ca](mailto:advancement@confederationcollege.ca) or (807) 475-6460.