Atlantic Cape Community College Foundation

Donation Form



Donor Information

Name					
Billing Address					
City		State	Zip 0	Code	
Telephone	_Email address				
I am an Atlantic Cape Community College:	_Student	Alumnus/a	_Employee	Retiree	Friend
I attended/graduated from Atlantic Cape Community College in (indicate year/years).					
I wish to volunteer for Atlantic Cape Community College. Please contact me.					
Giving Options					
Payroll Deduction (this option is for full-time employees only)					
Please deduct my gift by payroll deductions as follows:					
\$40/pay\$20/pay\$15/pay\$5/pay or other amount: \$					
Number of pay periods for deduction: Total gift amount: \$					
I authorize this gift by payroll deduction to be automatically renewed each year until such time as I terminate					
employment or notify the Executive Director of the Foundation in writing.					
Signature		Date			
Check or Money Order					
Enclosed is my gift of \$ mag	de payable to	Atlantic Cape	Community C	ollege Founda	ation.
Gifts of Securities and Real Estate					
For more information, please contact Jean McAlister at (609) 343-4901 or mcaliste@atlanticcape.edu.					
Credit Card					
To donate by credit card, please visit atlanticcape.edu and click on "Give". You may visit our Give Smart page:					
https://fundraise.givesmart.com/form/_Qg0Yw?vid=1kjfjc					

Acknowledgment Information

Please indicate how you would like your name to appear in acknowledgments:

Please mail this form with your gift to: Atlantic Cape Foundation Attn: President's Office, J-Building 5100 Black Horse Pike Mays Landing, NJ 08330 (609) 463-3645 (FAX)

___ I wish to have my gift remain anonymous.