

Atlantic Cape Community College Employee Donation/Pledge Form Create Opportunity Campaign

Employee Information:

Name:				
	First	MI	Last	
CWID:	Department:			
Work phone #:	Work en	nail:		
Home Address:				
City, State, ZIP:				
Home phone #:	Home er	nail:		
	te all that apply: a one-time contribution of \$	•		
	•			(Month/Year)
	ents: Annually f \$ is en		Otner	(Circle One)
, ,	ttlantic Cape Foundation and inc		, 0	e:
	Security Code:			
I am interested in cre I would like my gift t I am interested in a ro	o support the Scholarship Initiating a named scholarship. o support the STEM Building bom naming opportunity. gift through Employee Payro	g Initiative of the Create C	Opportunity Campaign.	
	gift as follows:	•	,	
	o be anonymous Match			
, 0	a gift to the campaign that is		ontact me about my gift	idea.
Signature	Date			

Please send your completed form to: Atlantic Cape Community College Foundation

341 Court House-South Dennis Rd. Cape May Court House, NJ 08210