

**Community College of Philadelphia Foundation
Donation Form**

Name _____ J# _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Department _____ Ext _____

Please indicate how you would like your name to appear on our Honor Roll of Donors:

I am a Community College of Philadelphia:

- Student Alumnus/a Employee Retiree Friend

I graduated from Community College of Philadelphia in _____ (indicate year).

I attended Community College of Philadelphia in/from _____ (indicate year/years).

Giving Options

Check or Money Order

Enclosed is my gift of \$_____ made payable to Community College of Philadelphia Foundation.

Credit Card or ACH (Direct debit from your checking or savings account)

Please charge my: Visa MasterCard Discover American Express

Credit Card Number _____ Exp. Date _____

Authorized Credit Card Signature _____

Amount _____

For Full-Time Employees Only

Payroll Deduction

- Please deduct my gift by payroll deduction as follows:
 \$50/pay \$20/pay \$15/pay \$10/pay \$5/pay Other \$_____/pay

Number of pay periods for deduction: _____ Total Gift Amount: \$ _____

Automatic Renewal

- I authorize this gift by payroll deduction to be automatically renewed each year until such time as I terminate employment or notify the Office of Institutional Advancement in writing.

Signature _____ Date _____

For more information, please contact Jean Kemper at (215) 751-8502 or jkemper@ccp.edu.

Please mail this form with your gift to:
Community College of Philadelphia Foundation
1700 Spring Garden Street, Annex 7th Floor
Philadelphia, PA 19130