



NSCC Employee Donation Form

Please return to Mailbox 32 or Foundation Office (H-120)

Donor Information

Last Name: _____ First Name: _____

Middle Name: _____ Title: Dr. Mr. Mrs. Ms.

A Number: _____ Department: _____ Office #: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Phone Number: _____ Work Cell Home

Donor Signature: _____ Date: _____

Gift Information

Recurring Gift:

Recurring gifts will be deducted each payroll period at this amount until the donor specifies that the gift amount be amended or the gift cancelled.

\$100 per month \$50 per month \$30 per month

\$20 per month Other \$ _____ per month

One Time Gift:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

Please make check payable to NSCC Foundation and return to the Foundation Office or to the address below; for credit card payment, visit nscf.org.

Designation:

- I would like this gift to remain anonymous.
- I would like to help the Foundation support students' greatest needs through the Impact Fund.
- I would like my gift(s) to support the following scholarship or other initiative:

Please note that all undesignated gifts will default to the Foundation's Impact Fund which supports NSCC students' greatest needs.

Legacy

- I would like to leave a legacy and have included NSCCF in my will or trust.
- I am interested in leaving a legacy and would like more information about how to include NSCCF in my will or trust.