



MY GIFT OPENS DOORS!

2017 FACULTY AND STAFF GIVING DRIVE



COLLEGE of
CHARLESTON

FACULTY AND STAFF DRIVE

▲ TARE HERE ▲

▲ TARE HERE ▲



Please complete this form and return to :

**ANNUAL GIVING PROGRAMS, BELL SOUTH BLD., RM 204
ATTN: Lauren Whiteside Mann**

Questions? Contact: whitesideel@cofc.edu

YES! I WILL SUPPORT CofC WITH A GIFT.

Please direct my gift in the following way:

CofC Fund

Other: _____

(There is a complete list of schools at: giving.cofc.edu/list)

Please accept my gift of \$ _____

Anonymous

In honor of _____

In memory of _____

CHOOSE ONE TYPE OF GIFT:

This is a one-time gift (choose payment option)

This a pledge to be paid in _____ installments
in 12 months (with credit card provided OR
 send pledge reminders)

Semi-Monthly Payroll Deduction of \$ _____
per pay period *(Permission to process payroll deduction will
remain in effect until CofC Foundation is otherwise notified. If you
are currently enrolled in payroll deduction you do not need to
submit a new contribution form unless you would like to change
your current payroll deduction.)*

Name *(please print)* _____

Signature _____

Employee ID# _____

Date _____

Email _____

CHOOSE ONE PAYMENT OPTION:

By check: Payable to: CofC Foundation

By credit card:

Please call 843.953.5113 or email

Julia Hammer at hammerjk@cofc.edu

