

Arapahoe Community College Foundation 5900 South Santa Fe Dr. PO Box 9002 Campus Box 43 Littleton, CO 80160-9002 303.797.5914 Foundation@arapahoe.edu

Faculty & Staff Donation & Payroll Deduction Authorization

anic		Campus Box/Extension:
ome	Address:	
hone	:	Email Address:
1.	It is my desire to:	
	☐ Begin a new payroll deduction.	
	☐ Change my current deduction.	
	$\hfill\square$ Add an additional one time gift to my curre	ent deduction.
	$\hfill\square$ Make a cash or check donation. (Please n	nake check payable to ACC Foundation.)
	☐ Credit card donation. (Please go to www.arapahoe.edu/foundation.)	
2.	Amount I wish to give:	
	☐ \$25 per month.	
	☐ \$20 per month.	
	☐ \$15 per month.	
	☐ \$10 per month.	
	☐ Other amount per month \$	
3.	My donation is to be used for:	
	☐ ACC Foundation Mission	
	☐ General Scholarship	
	☐ Student Emergency Fund	
	☐ Specific Department	
	☐ Specific Scholarship	<u></u>
	Other	

*Written notice must be provided to ACC Foundation to change or end the deduction.

Thank you for your support of Arapahoe Community College!

Please return your completed form to Foundation@arapahoe.edu.