

taking charge - changing lives

2019 Faculty/Staff Campaign Gift Form

(Please print all information clearly and completely.)

Name _____

Department and Campus _____

Home Address _____

City, State, Zip _____

Email: _____

_____ Full-time _____ Part-time _____ Faculty _____ Staff

YES! I wish to support the Faculty/Staff Campaign.

Employee Signature _____ **Date:** _____

Please DESIGNATE my gift of \$ _____ to:

- Unrestricted Support (Area of greatest need) Named Scholarship: _____ GHC Food Pantry
- General Scholarship Fund Foundation Camp Athletics Other: _____

Option 1: Annual Pledge

(Annual pledges are for 10, 12 or 24 pay periods)

12 mo. Faculty \$ _____/month for 12 months = \$ _____ for year.

10 mo. Faculty \$ _____/month for 10 months = \$ _____ for year.

Monthly Admin. \$ _____/month for 12 months = \$ _____ for year.

Biweekly Staff \$ _____/each pay period /24 weeks \$ _____ for year.

Option 2: Open-ended Pledge

Open-ended pledge indicates that you want a specific amount deducted each pay period until you notify the payroll and advancement offices otherwise. This amount automatically renews each year.

Amount to be deducted per pay period: \$ _____

Option 3: Cash/Credit Card

Cash/check (payable to *GHC Foundation, Inc.*) is enclosed.

Credit Card: use the secured giving form at: highlands.edu/FSgivetoday

I wish for my name to be listed as "anonymous" on any reports or publications

Please return completed form by email or campus mail to Liz Jones, Office of Advancement.

If you have questions, contact Liz Jones at lijones@highlands.edu, 706-368-7509