

2017 FACULTY AND STAFF DONATION FORM

Thank you for your interest in supporting ArtCenter. Please take a moment to fill out this form and return it in person, via interoffice or general mail to The Office of Development.

NAME _____

DEPARTMENT _____

ARTCENTER EXTENSION OR PREF PHONE # _____

FY17FS

I would like to make a single gift of \$_____.

Method of payment: PAYROLL DEDUCTION CREDIT CARD CHECK CASH

PAYROLL DEDUCTION

I would like to make recurring payments through **payroll deduction**.

Please deduct \$_____ from **each bi-weekly paycheck** (26 deductions per year)

Duration of Payroll Deduction Pledge

Indefinite (Automatic Annual Renewal; default)

Please renew my pledge automatically each year until I instruct otherwise.

One Year (or specify duration if other than one year): _____

Please contact me when it's time to renew my pledge. At that time, I will advise you regarding changes or termination. If I do not respond at that time, you may renew my pledge as defined above for another year.

SIGNATURE (FOR PAYROLL DEDUCTION)

DATE

CREDIT CARD

I would like to make regular monthly payments with my **credit card**.

Duration of Monthly Credit Card Payment Pledge

Please charge \$_____ each month from **my credit card** (12 installments per year)

Payment Information

Please charge my credit card: VISA MASTERCARD AMEX DISCOVER

CARD NUMBER

EXP. DATE

NAME ON CARD

SIGNATURE

CHECK

I am enclosing my check made payable to **ArtCenter College of Design**.

PLEASE CHOOSE HOW YOU WOULD LIKE TO DESIGNATE YOUR GIFT

- Students First Scholarship ArtCenter Fund (area of greatest need) General Scholarship
 Inspiring Teachers Endowed Other _____
(e.g., specific scholarship fund, department or program)

If you wish to give anonymously, please initial here: _____

You may also give by credit card online at www.artcenter.edu/giving.

THANK YOU!