Atlantic Cape Community College Employee
Payroll Deduction Pledge Form

DONOR INFORMATION (please print):

Name (First, MI, Last)	
Telephone (home)	
Telephone (business)	
CWID #	
E-Mail	

PAYROLL DEDUCTION INFORMATION:

My pledge per pay multiplied by the number of times I am paid per year equals my total pledge.

Pledge per pay $ _____ x number of pay periods _____ = total pledge of $ _____.
Pay periods by employee category:

- 26 pay periods for 12 month employees
- 22 pay periods for 10 month employees
- 9 pay periods for adjunct professors

I pledge to the Atlantic Cape Community College Foundation in accordance with the schedule selected on this form and I authorize Atlantic Cape Community College to withhold these payroll deductions.

Signature:	Date:

- Donations to the Atlantic Cape Community College Foundation and will appear as a deduction on your paycheck with the code **ACFD**.

DESIGNATION OF GIFT:
Please direct my donation to: _____

For more information or questions, contact **Maria Kellett**, Associate Dean, Resource Development at **(609) 463-3670 or mkellett@atlantic.edu**

Please return this form by mid-December to:
Human Resources Department
Atlantic Cape Community College
Mays Landing Campus