



# Atlantic Cape Community College Employee Payroll Deduction Pledge Form

## EMPLOYEE INFORMATION *(please print)*

Name (First, MI, Last):	
Mailing Address:	
Telephone (Mobile):	
CWID #:	
E-Mail Address:	

## PAYROLL DEDUCTION INFORMATION

Please deduct my gift by payroll deductions as follows:

\$5 per pay     
  \$10 per pay     
  \$19.24 per pay (12-month employees)  
 \$22.73 per pay (10-month employees)   
 OR   
 other amount: \$ \_\_\_\_\_ per pay

*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. I authorize this payroll deduction schedule to endure until such time as I terminate employment or notify Human Resources.*

*Donations to the Atlantic Cape Community College Foundation will appear as a deduction on your paycheck with the code ACFD. I authorize a payroll deduction to begin on or about: (Date) \_\_\_\_\_*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## DESIGNATION OF GIFT

Please direct my donation to:

Student Emergency Fund     
  Area of Greatest Need     
  Food Pantry  
 Alumni Association     
  Athletic Program *(please specify):* \_\_\_\_\_  
 Scholarship Funding     
  Other *(please specify):* \_\_\_\_\_

Please check if you would like your name to remain anonymous in Foundation publications.

For more information or questions, contact **Chris Mularz**, Advancement Officer/Associate Director of the Atlantic Cape Foundation at (609) 463-3651 or [cmularz@atlanticcape.edu](mailto:cmularz@atlanticcape.edu).

Please return this form to:

**Brenda Kuhar** ([bkuhar@atlanticcape.edu](mailto:bkuhar@atlanticcape.edu))

**Human Resources Department**

J-Building – Mays Landing Campus

Form Updated 8/24/2023