Show Capital Students Your Support
Give Today, Every Amount Helps

EMPLOYEE GIVING FORM

Name: ____________________________________________  Department: ____________________________________________

Preferred Address: ____________________________________________

Phone: _____________________________  Email: ____________________________________________

___ Staff   ___ Faculty   ___ Part-time/Adjunct   ___ Full-Time

Are you a CCC Alum? ___  Graduation Year: _____

I would like to direct my gift to the following fund:

___ Annual Fund (where needed most)

___ Scholarships (financial support for those students who need it most)

___ Equity Center Microgrants (help with students’ non-educational needs like food, housing, utilities, transportation, etc.)

___ Nursing - Remote Area Medical Volunteers (students traveling to provide medical care to those in need)

___ Hartford Heritage Funding

How would you like to make your contribution?

___ Payroll Deduction (Minimum donation amount per pay period is $2)

Deduct recurring gifts of $ _______ each pay period. (gifts of $10 or more per pay period will receive a CCC Fleece Jacket)

Increase my current payroll deduction by $ _____ each pay period

Deduct a one-time gift of $ _____ from my next paycheck

I authorize the amount reflected above to be withheld from my Capital Community College pay as a tax-deductible gift to the CCC Foundation.

Signature: ________________________________________________________________

___ Check or cash (attached to the form)

___ Credit Card call Karen Gilbert at 860-906-5102 or contribute online: https://capitalcc.networkforgood.com/