

Na	me(s):	
ID:		
Sig	nature	
Ple	ase write your name(s) as you'd like it to appea	r for recognition:
	I wish to have my/our gift remain anonymou	S.
	I WANT MY GIFT TO BE USED	FOR
	Casual Day Fund-\$3/month	\$
	Casual Day Fund-\$36 one-time (annually)	\$
	General Foundation Support	\$
	General Scholarship Fund	\$
	College Success & Sustainability	\$
	Northeast Food Pantry	\$
		\$
		Total \$
	Additional programs, equipment, and scholarship funds are available. Please visit with a Development staff member to determine the areas that best fit your passion.	
	I WILL PAY THROUGH PAYROLL DEDUCTION	
	I authorize PAYROLL to deduct \$	(above total)
	MONTHLY starting in	
	Payroll deductions submitted after the 15th of the current month will begin for the next month due to the monthly payroll process. For bi-weekly employees, deductions are withheld the second pay period each month.	
	Deductions will continue until the Development office is notified that you wish to make changes, stop deductions, or are no longer employed at Northeast Community College.	
	I WILL SEND MY GIFT TODAY	
	PLEDGE My/our total contribution amount is \$ over a period of year(s) (up to a maxim	
	Pledge payments of \$ Quarterly	to be paid Annually
	(beginning Mo./Yr.)	-
	CHECK or CASH Total enclosed \$	
	Please make checks payable to: Northeast Community ONLINE northeast.edu/giving/donate or Scan QR Co	



THANK YOU FOR YOUR SUPPORT!