

**Community College of Philadelphia Foundation
Donation Form**

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Please indicate how you would like your name to appear on our Honor Roll of Donors:

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I graduated from Community College of Philadelphia in _____ (indicate year).
I attended Community College of Philadelphia in/from _____ (indicate year/years).

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Enclosed is my gift of \$ _____ made payable to Community College of Philadelphia Foundation.

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Please charge my: Visa MasterCard Discover American Express
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For Full-Time Employees Only

Payroll Deduction
Department _____ Ext _____
 Please deduct my gift by payroll deduction as follows:
 \$50/pay \$20/pay \$15/pay \$10/pay \$5/pay Other \$ ____/pay
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Automatic Renewal
 I authorize this gift by payroll deduction to be automatically renewed each year until such time as I terminate employment or notify the Office of Institutional Advancement in writing.
Signature _____ Date _____

For more information, please contact Leslie Bluestone at (215) 751-8068 or lbluestone@ccp.edu.

Please mail this form with your gift to:
Community College of Philadelphia Foundation
1700 Spring Garden Street, Annex 7th Floor
Philadelphia, PA 19130