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**.

For more information, contact Maria Kellett, Senior Director of 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

Form 11/14/14