



Please complete this form and return to:

ANNUAL GIVING PROGRAMS, BELLSOUTH BLDG, RM 204

ATTN: Lauren Whiteside Mann

Questions? Contact: **whitesideel@cofc.edu**

YES! I WILL SUPPORT CofC WITH A GIFT.

Please direct my gift in the following way:

CofC Fund

Other: _____

(There is a complete list of schools at giving.cofc.edu/list.)

Please accept my gift of \$ _____

Anonymous

In honor of _____

In memory of _____

CHOOSE ONE TYPE OF GIFT:

One-time gift (choose payment option)

Pledge to be paid in _____ installment(s)
in 12 months with credit card provided OR
 send pledge reminders

Semi-monthly payroll deduction of \$ _____
per pay period *(Permission to process payroll deduction will remain in effect until CofC Foundation is otherwise notified. If you are currently enrolled in payroll deduction, you do not need to submit a new contribution form unless you would like to change your current payroll deduction.)*

Name *(please print)* _____

Signature _____

Employee ID# _____

Date _____

Email _____

CHOOSE ONE PAYMENT OPTION:

By check, payable to CofC Foundation

By credit card:

Please call 843.953.5113 or email

Julia Hammer at hammerjk@cofc.edu

