



Employee name _____ DIF # _____

Employee ID number _____ Social Security number (required for payroll deduction) XXX-XX- _____

Employee name (as you would like it to appear in the Annual Report) _____

Please do not list my name in the Annual Report
Unless otherwise directed, all donors will be listed in the Foundation Annual Report

Payment Method

Payroll deduction (for pledges of \$50 or more)

Please deduct \$ _____ per pay for _____ pay periods beginning _____ (MM/DD).
Note: 2009-10 deductions can begin July 3, 2009, and must end with the June 18, 2010, pay.

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 Foundation Office in writing.

Outright gift (make checks payable to Penn College Foundation)

Credit card (check one): VISA MasterCard Discover

Account number _____ Expiration date _____

Name as it appears on card _____

I have included Penn College in my will.

My spouse works for a company that will match my gift.
Please obtain the appropriate matching gift forms from your human resources office and return with this form.

Please restrict my gift as follows

If you wish to split your gift, enter the dollar amount that should be applied to each area.

\$ _____ Where institutional need is greatest

\$ _____ Annual Fund Scholarship

\$ _____ Existing named scholarship (please specify) _____

\$ _____ Instructional support (indicate your preference)

- School of Business & Computer Technologies
 School of Construction & Design Technologies
 School of Health Sciences
 School of Hospitality
 School of Industrial & Engineering Technologies
 School of Integrated Studies
 School of Natural Resources Management
 School of Transportation Technology
 Specific academic major (please specify) _____
 Children's Learning Center International Student Program Library

\$ _____ Penn College Athletics

Make my gift in honor of _____

Address _____
Street/PO box/Apt. # City, State and ZIP Code

Make my gift in memory of _____

Person to notify _____
Address _____
Street/PO box/Apt. # City, State and ZIP Code