



Bring your brilliance.

# AMSC ANNUAL GIVING FUND

(Unrestricted Annual Fund)

## Blazing Trails Every Year

### Bring Your Brilliance

# Employee Giving Payroll Deduction Form

The AMSC Annual Fund provides an opportunity for donors to make contributions of any amount. The Fund supports initiatives and activities where the need is greatest.

Yes! I, \_\_\_\_\_, would like to support the Atlanta

Metropolitan College Foundation, Inc. with a gift to the *Blazing Trails Every Year* AMSC Annual Fund.

- My gift will be a **RECURRING GIFT** and will continue to be deducted monthly until I notify Development & External Affairs to cancel this recurring donation.
- My gift will be a one-time payroll deduction from the next payroll cycle.
- My gift will be a monthly payroll deduction

Monthly Gift Deduction	
<input type="checkbox"/> \$100 (\$1200/year)	<input type="checkbox"/> \$20 (\$240/year)
<input type="checkbox"/> \$75 (\$900/year)	<input type="checkbox"/> \$15 (\$180/year)
<input type="checkbox"/> \$50 (\$600/year)	<input type="checkbox"/> \$10 (\$120/year)
<input type="checkbox"/> \$40 (\$480/year)	<input type="checkbox"/> \$5 (\$60/year)
<input type="checkbox"/> Other \$ _____	<b>Total Contribution</b>
\$ _____	

- My Recurring Gift Amount of \$ \_\_\_\_\_ beginning \_\_\_\_\_
- One-Time Payroll Deduction Gift Amount \$ \_\_\_\_\_
- I authorize Atlanta Metropolitan State College to deduct the amount indicated above for my Monthly Gift beginning \_\_\_\_\_ and ending \_\_\_\_\_.

### EMPLOYEE SIGNATURE & CONFIRMATION

Employee's Name (print): \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**THANK YOU FOR YOUR CONTRIBUTION!**

Please return this form to Development & External Affairs  
(Building 600 - Suite 209 ~ 404.756.4666)