

Alfred State College

SUNY College of Technology



Hit the ground *running*®...

Alfred State

ACCENTUATE ALFRED STATE ANNUAL APPEAL CONTRIBUTION FORM

Please send your completed form to Danielle White, Director of Annual Giving, Huntington Administration Building.
For assistance, call 587-3935 or e-mail: whitedm@alfredstate.edu.

Name: _____ SSN#: _____

Payroll Deduction (for one-time contribution, see form below)

I would like to **contribute** **increase** my deduction to the
Accentuate Alfred State Annual Appeal.

Agency: **Alfred State College** Agency Code: **28350**

Please apply my gift to: (select one area)

- Accentuate Alfred State Regional Endowed Scholarship** (Endowed scholarship for students who attend local schools where current & retired faculty & staff reside. High school average, class rank, & test scores determine recipients.)
- Accentuate Alfred State Regional Annual Scholarship** (Annual scholarship for students who attend local schools where current & retired faculty & staff reside. High school average, class rank, & test scores determine recipients.)
- Anthony Cappadonia Auditorium Renovation Project**
- Advancing Alfred State Unrestricted** (Use my gift where it is most needed.)
- Other** _____

Bi-weekly Amount: _____ Code: #841

Examples of gifts paid through bi-weekly payroll deductions will equal:			
\$39 = \$1014**			
\$30 = \$780	\$20 = \$520	\$15 = \$390	\$10 = \$260
\$25 = \$650	\$17 = \$442	\$12 = \$312	\$5 = \$130
** Qualifies for President's Society		(Based on 26-week distribution)	

To the State Controller: Pursuant to Section 201 of the State Financial Law, I hereby authorize you to deduct from each of my bi-weekly salary checks the deduction amount shown, for the purpose of my contributing to a campus-related foundation, and to transmit such withholding amount to the designated provider. I understand that this authorization may be revoked at any time by filing written notice with the Payroll Office at Alfred State College.

Signature: _____ Date: _____

ONE-TIME CONTRIBUTION FORM

Please accept my one time gift of \$ _____ to be applied to the **Accentuate Alfred State Appeal**. I have enclosed the following:

- Cash** **Check** (payable to Alfred State Development Fund) **Credit Card** (please complete information)
- MC VISA DISCOVER AMEX: Card #: _____

Signature: _____ Expiration Date: _____