



ALFRED STATE COLLEGE
STATE UNIVERSITY OF NEW YORK



ANNUAL APPEAL CONTRIBUTION FORM

Name: _____

Department: _____

Building: _____ Extension: _____

I would like my gift to remain anonymous
I would like to contribute increase my deduction to the Accentuate Alfred State Annual Appeal.

Payroll Deduction Bi-weekly Gift Amount: _____

Examples of gifts paid through bi-weekly payroll deductions: \$1 = \$26 a year, \$2 = \$52 a year, \$10 = \$260 a year, \$40 = \$1,040 a year (President's Society)

I would like to make a onetime gift of \$ _____

Please apply my gift to: (select one or more areas)

- Accentuate Alfred State Regional Scholarship**
 Endowed Scholarship Annual Scholarship
For students who attend local schools where current & retired faculty & staff reside. High school average, class rank, & test scores determine recipients.
- Skip Sullivan Student Special Needs Fund**
For first year students who have high academic achievement.
- General Scholarship Support**
To assist all students. Recruitment, retention, academic excellence, and financial need.
- New Century Endowment**
Endowment which creates unrestricted funds in perpetuity for the college for scholarships, technology, student needs, programs, etc.
- Unrestricted Support**
Use my gift where it is needed most.
- Other:** _____

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.

Signature: _____

Date: _____

Please print and send your completed form to Jason Sciotti, Director of Development
For assistance, call 607-587-3936 or email: sciottjm@alfredstate.edu.

Hit the ground running®...