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 one-time 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 incoming freshmen 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.