

***Thank You!***

Please return the completed form to the Grossmont College Foundation mailbox on campus, directly to the office in 600B, or via fax to the number below.

***For information contact  
Ernest Ewin***

Phone: 619-644-7109

Fax: 619-644-7090

E-mail: [ernest.ewin@gcccd.edu](mailto:ernest.ewin@gcccd.edu)

[www.grossmontcollegefoundation.org](http://www.grossmontcollegefoundation.org)

G R O S S M O N T  
C O L L E G E



F O U N D A T I O N

G R O S S M O N T  
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F O U N D A T I O N

***FACULTY & STAFF  
GIVING OPPORTUNITIES***

## GROSSMONT COLLEGE FOUNDATION FACULTY / STAFF GIVING CAMPAIGN

Please use the attached form to indicate the amount, method, and frequency of your donation as well as your giving choices of how you want your contribution allocated.

You may choose a single gift and / or payroll deduction. Either way you are making a significant impact at Grossmont College!

- *When you pledge a gift of only \$10 per month or more (a total of \$120 per year), you will receive a special Grossmont College Foundation recognition pin.*
- *People who give \$20 per month or more (\$240 per year) will also receive an exclusive recognition award.*
- *Faculty and staff with gifts of \$40 per month or more (\$480 per year) will also be recognized at a special reception and on a perpetual plaque displayed on campus.*

You may select more than one fund to distribute your total yearly contribution or designate the general fund to help where the need is greatest.

Please select from the attached list when choosing to donate to a program fund

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## GROSSMONT COLLEGE FOUNDATION FACULTY/STAFF GIVING

**Division / Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_

### One - Single Gift

I would like to make a single gift of \$ \_\_\_\_\_.

Enclosed is my check payable to: **Grossmont College Foundation**

Please bill me

Charge my Credit Card # \_\_\_\_\_

Exp. date : \_\_\_\_\_

### Two - Payroll Deduction

Please deduct \$ \_\_\_\_\_ from my paycheck  
each pay period

Start Date: \_\_\_\_\_

*Giving continues until changed (Vendor number 77070)*

### Three - Estate Gift / Planned Giving

Send me info on making a bequest

I would like info on making a gift that returns income to me

I have already included the GC Foundation in my will

### Giving Choices:

\$ \_\_\_\_\_ General (Helps where need is greatest)

\$ \_\_\_\_\_ Fund Name: \_\_\_\_\_

\$ \_\_\_\_\_ Fund Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_