Contributor's Receipt **ASC Family Fund** ASC Family Fund Neubig Hall SUNY Cortland **Employees** Cortland, NY 13045 helping 607-753-2431 _____ State _____ Zip _____ employees in an emergen-Acknowledge the gift of: Phone _____ email ____ FAMILY FUND Name _____ 2. ONE TIME GIFT 1. PAYROLL DEDUCTION Amount Pledge per pay period: Tax Id # 20-1878196 NYS Reg. # 21-04-91 Amount of gift \$____ \$1 □ \$3 □ \$5 □ Cash □ \$10 \(\Boxed{15} \) \(\Boxed{15} \) \(\Boxed{15} \) Check □ **ASC Family Fund** Other \$ Credit/debit card□ Annual # of pay periods ____ Thank You! Visa □ Mastercard □ Discover □ Signature ____ Card # __ ____ Exp. Date ___ Signature ____ Contributor's Receipt **ASC Family Fund ASC Family Fund** Neubig Hall **SUNY Cortland Employees** Cortland, NY 13045 607-753-2431 helping employees in _____ State _____ Zip ____ an emergency! FAMILY FUND _____ email ___ Acknowledge the gift of: Name 1. PAYROLL DEDUCTION 2. ONE TIME GIFT Amount Pledge per pay period: Tax Id # 20-1878196 NYS Reg. # 21-04-91 Amount of gift \$ \$1 □ \$3 □ \$5 □ Cash □ \$10 **□** \$15 **□** \$20 **□** Check □ Other \$ **ASC Family Fund** Credit/debit card□ Annual # of pay periods Thank You! Visa □ Mastercard □ Discover □ Card # ____ Exp. Date ____ Signature _____ Contributor's Receipt **ASC Family Fund** ASC Family Fund Name _____ Neubig Hall **SUNY Cortland Employees** Address Cortland, NY 13045 607-753-2431 helping employees in City _____ State ____ Zip _____ an emergency! Acknowledge the gift of: Phone email FAMILY FUND 1. PAYROLL DEDUCTION 2. ONE TIME GIFT Amount __ Pledge per pay period: Amount of gift \$____ Tax Id # 20-1878196 NYS Reg. # 21-04-91 \$1 □ \$3 □ \$5 □ Cash □ \$10 **□** \$15 **□** \$20 **□** Check □ Other \$ **ASC Family Fund** Credit/debit card□ Annual # of pay periods ____ Visa □ Mastercard □ Discover □ Card#_ Exp. Date ____ Thank You! Signature __