

ASC Family Fund

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ email _____

*It takes
 so little
 to care
 so much!*



1. PAYROLL DEDUCTION

Pledge per pay period:
 \$1 \$3 \$5
 \$10 \$15 \$20
 Other \$ _____
 Annual # of pay periods _____
 Signature _____

2. ONE TIME GIFT

Amount of gift \$ _____
 Cash
 Check
 Credit/debit card
 Visa Mastercard Discover
 Card # _____ Exp. Date _____
 Signature _____

Contributor's Receipt

ASC Family Fund
 Neubig Hall
 SUNY Cortland
 Cortland, NY 13045
 607-753-2431

Acknowledge the gift of:

Name _____
 Amount _____

Tax Id # 20-1878196
 NYS Reg. # 21-04-91

ASC Family Fund

Thank You!



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