

ASC Family Fund

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

Employees helping employees in an emergen-



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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