

FACULTY AND STAFF CAMPAIGN FOR TCC

Name _____

Please indicate how name(s) should appear on contributor list.

Home Address _____

City, State, Zip _____

Phone _____ Campus _____

Please use my gift in support of:

- | | |
|--|---|
| <input type="checkbox"/> Unrestricted | <input type="checkbox"/> Health Professions |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Classroom and Laboratory |
| <input type="checkbox"/> High Demand Technical
& Industrial | <input type="checkbox"/> Endowment Funds |
| <input type="checkbox"/> My Campus | <input type="checkbox"/> Scholarships |

My gift will be made in the following way:

My gift of \$ _____ is enclosed.

I would like to make a pledge of \$ _____.

Please send me pledge reminders in _____ (month and/or year).

Charge my gift of \$ _____ to my credit/debit card.

Card # _____ (VISA, Mastercard).

Expiration Date _____ CVV _____
(3 or 4 digit security code on back of card)

Name as it appears on card _____

Signature _____

I would like to give through Payroll Deduction.

Empl ID Number _____

I authorize TCC to deduct \$ _____ from my salary each pay date and to remit this amount to the Tidewater Community College Educational Foundation, Inc. for the purpose stipulated. This payroll deduction should begin on _____ and proceed for _____ subsequent pay dates and conclude on _____.

Signature _____

My/my spouse's employer will match this gift.

Name of Company _____

Please send me information about including TCC in my estate plan.

I have included TCC in my Will.

Please make your check payable to TCC Educational Foundation.

Please return form to:

Tidewater Community College

P.O. Box 3575, Norfolk, VA 23514-9887