

**Bishop State Community College Foundation
October 2020 – September 2021**

Faculty/Staff/Administrator Annual Fund 2020-21 Commitment Form

For an outright gift (no pledge - gift paid in full) paid by CHECK:

_____ I would like to make an Annual Fund donation in the amount of \$ _____
My check is enclosed. _____.

For an outright gift (no pledge - gift paid in full) paid by CREDIT CARD:

_____ I would like to make an Annual Fund donation by means of a credit card.
Please charge my donation of \$ _____ to my card (MasterCard or Visa only)

Card # _____ Exp. Date _____

For a PAYROLL DEDUCTION COMMITMENT:

_____ I would like to have \$ _____ deducted per pay period.

OPTIONAL: I would like my overall gift for the fiscal year to equal \$ _____.
Please contact me to calculate what that deduction would equal per pay period in order to
achieve that amount by September 30.

*I recognize that my payroll deduction contribution will stay in effect until such time as I
change it via formal notification by emailing the Bishop State Foundation at
bishopstatefoundation@gmail.com and Payroll at payroll@bishop.edu.*

_____ I would like to make a **one-time** payroll deduction for the current fiscal year in the amount
of \$ _____ deducted from my next pay period.

DESIGNATIONS: Please specify how you like your gift designated:

Annual Fund ___ Scholarships ___ Book Scholarships ___ Academic Fund ___
Student Emergency Fund ___

*If you would like to name your scholarship (individual or department) and/or set a criteria send an email
to shunt@bishop.edu*

Name (please print): _____

Signature: _____

Department: _____

Email: _____ Phone: _____

Date: _____

Please return the completed form to the Office on Institutional Advancement Questions regarding this
form may be directed to Sherrica Hunt at 251-405-7043 or
via email to shunt@bishop.edu

Thank you for your support!

Business Office Initials _____ DATE OF PROCESSING _____