



AFFILIATION (PLEASE SELECT ONE):	
<input type="checkbox"/>	WCC Alumnus/Alumna Year ____
<input type="checkbox"/>	Friend or Volunteer
<input type="checkbox"/>	Employee

I/WE WISH TO MAKE A GIFT.

Enclosed is a gift of \$

I/We pledge \$ a total of by August 31st.

This gift will be matched by
corporation name

<input type="checkbox"/>	I/we have remembered the WCC Foundation in my will.
<input type="checkbox"/>	Please send the free brochure: <i>A Guide for Your Heirs.</i>

MAKE CHECKS PAYABLE TO: WCC FOUNDATION, HARTFORD HALL, 75 GRASSLANDS ROAD, VALHALLA, NY 10595

Your Name/s		
Address		
Address		
City	State	Zip
Home #	Work #	E-Mail

This gift is <input type="checkbox"/> in honor of <input type="checkbox"/> in memory of :	
<i>(WCC affiliation)</i>	<i>(WCC class)</i>
Person to be notified	
Address	
City	State Zip
Phone #	Person's relationship to honoree/deceased is a

THE WCC FOUNDATION CAN ACCEPT VISA OR MASTERCARD.

Please Charge \$	to my credit card.	Date
Visa/MasterCard #	Expiration Date	
Card Holder's Name		
Card Holder's Signature		

FOR WCC EMPLOYEES

Please ask payroll to deduct the following from my paycheck each pay period for 12 months:	
Please Choose one:	<input type="checkbox"/> \$1 <input type="checkbox"/> \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$7 <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> Other \$
Signature	
Please print your name	
Social Security Number	Date

Tel: 914.606.6670 FAX: 914.606.6515 E-Mail: wccfoundation@sunywcc.edu