

# SHOW YOUR PRIDE IN SUNY CORTLAND, MAKE YOUR GIFT TODAY!

FOUNDATION OFFICE COPY

DONOR INFORMATION				
First Name	Middle	Last name	Campus Phone	
Home Address		City	State	ZIP
Campus Department		Building	Room	

## CONTRIBUTIONS

### PAYROLL DEDUCTION *(NYS employees only)*

(PLEASE SEE REVERSE SIDE  
FOR A SAMPLE PLEDGE PAYMENT SCHEDULE)

Yes, I/we want to continue the long tradition of making a difference at SUNY Cortland through payroll deduction.		
Please deduct \$ _____ from my bi-weekly pay	1-year pledge	5-year pledge
Other _____		
Note: The fiscal year runs from July 1 through June 30. The Foundation Office will notify you when it's time to renew your pledge to offer you the option of continuing your pledge, increasing your pledge or discontinuing your pledge.		
My payroll deduction is a joint gift. Name:		Spouse/partner
My gift is unrestricted		Other: _____
Restrict my gift to:		This gift is anonymous

**PLEASE NOTE: IF YOU ARE CHOOSING THE PAYROLL DEDUCTION OPTION PLEASE FILL IN THE NYS PAYROLL DEDUCTION AUTHORIZATION FORM LOCATED AT THE BOTTOM OF THIS PAGE. YOU MUST FILL OUT YOUR SOCIAL SECURITY NUMBER AND SIGN THE FORM FOR THE STATE TO PROCESS YOUR PAYROLL DEDUCTION REQUEST.**

### CASH GIFT

Yes, I/we want to continue the long tradition of making a difference at SUNY Cortland with a cash gift.		
My gift of \$ _____ is enclosed.	Please make check payable to the <b>Cortland College Foundation</b>	
My gift is a	1-year pledge	5-year pledge
Other _____		
Please bill \$ _____ to my: MasterCard    Visa    Discover    American Express		
Card number: _____		Expiration Date: _____
My gift is unrestricted.		Restrict my gift to:
This is a joint gift. Name:		Spouse/partner
		Other: _____

## NEW YORK STATE PAYROLL DEDUCTION AUTHORIZATION

Cortland College Foundation, Inc.  
P.O. Box 2000, Cortland, NY 13045

PAYROLL OFFICE COPY

DONOR INFORMATION		
First Name	Middle	Last
		Social Security Number (last 4 digits)
Agency: State University College at Cortland Campus Foundation: Cortland College Foundation, Inc.		Agency Code: 28170 Foundation Code: 828
Change	Continue	Start Date _____
Cancel	Start	Total amount of pledge \$ _____
		Deduction per Payday \$ _____

To the State Comptroller:

Pursuant to Section 201 of the State Finance Law, I hereby authorize you to deduct from each of my bi-weekly salary checks the deduction amount shown, for the purpose of my contributing to a Campus-Related Foundation, and to transmit such withholding to the designated provider. I understand that this authorization may be revoked at any time by written notice filed with my Payroll Office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# NYS EMPLOYEES ONLY

The Faculty and Staff Campaign provides an opportunity for employees to help enhance the quality of the College's programs through their financial contributions.

## Cortland Tradition of Giving

<b>Deduction per pay period (26 pay periods)</b>	<b>Total Annual Contribution</b>
\$1.00	\$26.00
\$2.00	\$52.00
\$3.00	\$78.00
\$5.00	\$130.00
\$10.00	\$260.00
\$20.00	\$520.00

## President's Circle, \$1,000 or more

Consider investing in SUNY Cortland at the President's Circle level. By pledging \$1,000.00 or more during the fiscal year, you will play a leadership role in the life of the College. You also will receive special access to campus events and other unique opportunities.

<b>Deduction per pay period (26 pay periods)</b>	<b>Total Annual Contribution</b>
\$40.00	\$1,040.00
\$50.00	\$1,300.00
\$75.00	\$1,950.00
\$100.00	\$2,600.00

Excellence begins with you! The annual Faculty and Staff Campaign provides college employees with an opportunity to take their time and talent to the next level by financially supporting any academic program, scholarships or another area of the College that matters to you.

For more information, please contact:  
The Cortland Fund  
607-753-4910  
[cortland.fund@cortland.edu](mailto:cortland.fund@cortland.edu)

The Cortland College Foundation, Inc. fiscal year begins July 1 and ends June 30