



Please complete this form and return to:

**Sottile House, 11 College Way**

Questions? Contact: [facultyandstaffgiving@cofc.edu](mailto:facultyandstaffgiving@cofc.edu)

**YES! I WILL SUPPORT CofC WITH A GIFT.**

Please direct my gift to the following fund:

CofC Fund     Other: \_\_\_\_\_

Please accept my gift of \$ \_\_\_\_\_

I would like to remain anonymous

In honor of \_\_\_\_\_  In memory of \_\_\_\_\_

**CHOOSE ONE TYPE OF GIFT:**

One-time gift (choose payment option below)

Semi-monthly payroll deduction of \$ \_\_\_\_\_ per pay period  
*(Permission to process payroll deduction will remain in effect until CofC Foundation is otherwise notified.)*

Name \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**CHOOSE PAYMENT OPTION:**

By check, payable to CofC Foundation

By credit card: web: [giving.cofc.edu/donate](http://giving.cofc.edu/donate) phone: 843.953.5113

**FACULTY AND STAFF  
GIVING DRIVE**

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