

Faculty and Staff Donation Form

Thank you for your interest in supporting ArtCenter. Please fill out this form and return it to us by interoffice mail, or emailing it to giving@artcenter.edu. You may also give online at artcenter.edu/giving.

Name

Department

ArtCenter extension or preferred phone

Single Gift

I would like to make a single gift of \$ _____

Method of payment:

- Payroll deduction
- Credit card
- Check (made payable to ArtCenter College of Design)
- Cash

Recurring (Monthly) Gift

I would like to make recurring payments through **payroll deduction**

Please deduct \$ _____ from each bi-weekly paycheck (26 deductions per year).

Duration of payroll deduction pledge:

- One year
- Ongoing (automatically renewed annually, until I instruct otherwise)

I would like to make regular monthly payments with my **credit card**

Please charge \$ _____ each month from my credit card (12 installments per year).

Duration of credit card pledge:

- One year
- Ongoing (automatically renewed annually)

Credit Card Information

Please charge my credit card: Visa MasterCard Amex Discover

Card number

Expiration date

Name on card

Signature

Gift Designation

Please choose how you would like to designate your gift:

- ArtCenter Fund (area of greatest need)
- Students First Scholarship
- Inspiring Teachers Endowed Scholarship Fund
- General Scholarship
- Other _____ (e.g., specific scholarship fund, department or program)

If you wish to give anonymously, please initial here: _____

Thank you!