



| 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 |

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