

# ACC Foundation

P. O. Box 8000 • Graham, NC 27253 • 336.506.4416

## 2025 – 2026 Employee Giving Campaign

**Yes!** I want to help students and my colleagues at Alamance Community College by making a gift to the ACC Foundation.

\_\_\_ Enclosed is a check made payable to ACCF in the amount of \$\_\_\_\_\_

\_\_\_ Please sign me up for payroll deduction July 2025 - June 2026.\*

\*My total annual pledge is \$\_\_\_\_\_ divided by \_\_\_\_\_ months.

Please begin my payroll deduction in the month of – **(Circle Choice)**  
(Nine-month employees, please indicate August or September.)

\_\_\_ **July 2025**

\_\_\_ **August 2025**

\_\_\_ **September 2025**

\_\_\_ I want this gift to be perpetual. We will continue your gift annually unless you cancel your pledge. Your gift will be acknowledged annually. We may request an updated pledge over time as tuition rates increase.



\_\_\_ I will make my gift by credit card. Amount \$\_\_\_\_\_ [alamancecc.edu/accf](http://alamancecc.edu/accf) or Text “EMPLOYEE” to 53-55

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### Fund Options

\_\_\_ Please direct my gift to where it is needed most. This gives the Foundation the opportunity to help the neediest students.

*Or*

\_\_\_ Please direct my gift to the following scholarship or fund: \_\_\_\_\_

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### Other Options

I want my gift to be anonymous. \_\_\_

My gift is in \_\_\_ honor / \_\_\_ memory of: \_\_\_\_\_

Send notification to: Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

\_\_\_ I or my spouse work for a company that makes matching gifts. Please attach form.

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### Donor information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_

*Thank you!*