## ALL IN FOR ALL IN FOR DECCUTY & STAFF CANADA

## August 15 - September 30, 2017 Learn more at hccsfoundation.org/allinforhcc #AllinforHCC

COLLEGE



## **YES! I AM ALL IN FOR HCC STUDENTS!**

First Name:	MI.	Last Name				
Address:						
Address:						
		Phone/C	Jampus Exte	ension:		
PLEASE DESIGNATE MY GIF	Г ТО:	HCC DISASTE				
SOAR FOR EXCELLENCE FUND Unrestricted funding that permits the Foundation to dedicate money to the area of greatest need.		Emergency funding for HCC employees and students				
		who experience financial hardship caused by natural				
<ul> <li>ADJUNCT ACADEMY         A new fund that provides support for the professional development of adjunct faculty.     </li> <li>EAGLET FUND A new fund that provides scholarships for children and immediate family members of faculty and staff (full-time/part-time).</li> </ul>		disasters. At this time, it is Hurricane Harvey.				
		OTHER SCHOLARSHIP/OPERATING FUND				
		(If you wish to designate your gift to an existing fund at the HCC Foundation, enter it here.)				
GIFT INFORMATION: CHOO	SE TO MAKE YOUR GIE		IVE EASY	WAVS		
1. PAYROLL DEDUCTION*: Your						
(Minimum deduction is \$5 per pay p		period of each me				
O Continuous - Select amount belo	w	E	Employee ID:			
○ \$5 ○ \$10 ○ \$15 ○ \$20 ○ \$ per pay per			You can find your Employee ID by visiting myHCC			
One year (ends August 31, 2018)		/	Affiliation: OF	aculty	◯Staff	⊖ Chancellor's Cabinet
$\bigcirc$ Start this gift when current gift is complete			Central	🔿 Nort		○ Southeast
<ul> <li>Cancel my current deduction and replace with this request</li> <li>\$5 ○ \$10 ○ \$15 ○ \$20 ○ \$ per pay period</li> </ul>			⊖ Coleman ⊖ District	⊖ Nort	hwest	<ul> <li>Southwest</li> </ul>
Employee Signature required:			* If you are currently participating in payroll deduction, there is no need to return this form unless you would like to change the designation or amount of your gift. * Employees may revise or cancel payroll deduction at any			
Please print name exactly as you would like it to appear in donor recognition.			time by contacting HCC Foundation.			
2. CREDIT CARD:						
One-time credit card pay	ment \$		.1	<b>C</b>		,
○ Monthly credit card paym				_ Starting	3 on:	_)
	RCARD ODISCOVER (					
Card Number:	Expiration Date: _	Securit	y Code: (on	back of (	credit ca	ırd):
Billing Address:	City:		State:	Zip	Code: _	
3. CHECK: Make check payable t	o Houston Community Coll	ege (HCC) Foun	ndation			
4. CASH AMOUNT: \$						
5. ONLINE: Make a gift online by	visiting: hccsfoundation.org	g/allinforhcc				
$\bigcirc$ l/we wish to give anonym	ously.					
	tner - Name: a company that will match your charitable c n? You may be able to double or triple the	contribution? Did you kno	ow that more than			
○ I am interested in making		,,	, , <u>.</u>	,	539	•
Please return your gift with this form by Questions? Email foundation@hccsfou		Foundation 3100 N	1ain St, Suite 12	2B12, Hous	ston, TX 77	7002 (MC 1148).

**HOUSTON COMMUNITY COLLEGE** FOUNDATION

All gifts to the HCC Foundation are tax deductible to the extent allowed by law. In compliance with IRS tax reporting laws, the amount of your charitable contribution is limited to the excess of your payment over the value of goods or services provided by HCCF. As always, please consult your tax advisor to find out how the tax rules apply to you.

## THANK YOU FOR YOUR GIFT!