# **LEAGUE**

Leaders Establishing Annual Gifts Underwriting Education

 YES! I would like to participate! My annual gift will be $\_\_\_\_\_\_\_\_\_

1. **Method of Payment**

* **Payroll Deduction**  **Cash**  **Check (Payable to LLCC Foundation)**

Complete **B, C & D** Complete **C & D** Complete **C & D**

1. **Payroll Deduction**

 **I pledge** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **per pay**. I authorize that my annual gift be deducted from my pay

(24 pays per year beginning July 15, 2019).

 I authorize a **one-time payroll deduction** of $ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_ on July 15, 2019.

 Adjunct Faculty (□ ***Fall*****or** □ ***Spring****)*

(**Please circle** if you would like your deductions over **8 or 4** pay periods).

1. **Where would you like your gift directed?**

 Please use my gift for the **greatest needs** of the college.

 Please direct my gift to the **LEAGUE Grants Program** within the LLCC Foundation.

 Please direct my gift to the **LLCC Foundation General Scholarship Fund**.

 Please direct my gift to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2019 Thank You Gifts**

 $ 20+ per pay = $480+ per year – All items

 $ 10 per pay = $240 per year – Baseball t-shirt

 $ 7 per pay = $168 per year – Auto organizer

 $ 5 per pay = $120 per year – 12oz acrylic mug

 $ 2 per pay = $ 48 per year – Deck of cards

**D. Incentives**

 **I wish** to receive the LEAGUE thank you gifts.

(The value of thank-you gifts received may affect your tax deduction.)

Shirt size **(Please circle):** S, M, L, XL, 2X, 3X, 4X

 **I do not wish** to receive the LEAGUE gifts.

***Please print…***

Name ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_\_\_\_\_Alternate Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I am an LLCC Alum, Class of \_\_\_\_\_\_\_  I have taken classes at LLCC.

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**FDN use only:** Date Rcv’d Start Date End Date Ck #