



Washington College 2010 Campaign

Yes, I want to participate.

Name *(Please Print)* _____
First M.I. Last

Washington College I.D. _____

Payroll deduction

I hereby authorize Washington College to deduct from my paycheck a total of \$ _____ in equal increments over _____ biweekly pay periods, beginning with pay date ____/____/____.

Enclosed is my check for \$ _____.

Signature _____ Date _____

Your donation may be applied to the general fund for distribution among our 18 local member agencies. Or, you may designate one or more agencies to receive your donation.

I prefer that my donation be applied as follows:

- | | |
|--|--|
| \$ _____ <input type="checkbox"/> General Fund | \$ _____ <input type="checkbox"/> Horizons Student Enrichment Program |
| \$ _____ <input type="checkbox"/> American Red Cross of the Delmarva Peninsula | \$ _____ <input type="checkbox"/> Kent Association of Riding Therapy |
| \$ _____ <input type="checkbox"/> Character Counts! Kent County | \$ _____ <input type="checkbox"/> Kent Center |
| \$ _____ <input type="checkbox"/> The Community Food Pantry | \$ _____ <input type="checkbox"/> Kent County Medical Adult Day Care |
| \$ _____ <input type="checkbox"/> Community Mediations Services Upper Shore | \$ _____ <input type="checkbox"/> Mid-Shore Council on Family Violence |
| \$ _____ <input type="checkbox"/> Easter Seals/Camp Fairlee Manor | \$ _____ <input type="checkbox"/> Saint Martin's Ministries |
| \$ _____ <input type="checkbox"/> Echo Hill Outdoor School | \$ _____ <input type="checkbox"/> The Salvation Army |
| \$ _____ <input type="checkbox"/> Epilepsy Association of the Eastern Shore | \$ _____ <input type="checkbox"/> Samaritan Group |
| \$ _____ <input type="checkbox"/> For All Seasons | \$ _____ <input type="checkbox"/> Shared Opportunity Service |
| \$ _____ <input type="checkbox"/> Girl Scouts of the Chesapeake Council | |

Thank you for your support.
Please return to Barbara Heck in College Advancement