COLLEGE of COASTAL GEORGIA

FACULTY & STAFF ANNUAL GIVING PLEDGE CARD

Name _____

Home Address _____

Mobile Phone _____ Personal Email _____

Department or School _____

Payroll Deduction: ***(Please check one)*** **Allow 3-4 weeks to process**

☐ One-time deduction of $_____(must be a minimum of $25).

☐ Monthly Ongoing gift of $_____ will be automatically renewed each month until the employee notifies the Office of Advancement in writing. (Must be a minimum of $5 per month.)

☐ Annual Gift of $_____ for calendar year 2026, divided equally over the remaining pay periods, to be completed by December 31, 2026.

Fund Designation

College of Coastal Georgia Unrestricted Fund _____%

Other _____ _____%

Signature _____

Date _____

Return to:

Office of Advancement

mstaab@ccga.edu