



COLUMBIA COLLEGE CHICAGO

# FACULTY & STAFF

SCHOLARSHIP INITIATIVE

## Employee Contribution Form

ATTN:  
OFFICE OF DEVELOPMENT AND ALUMNI RELATIONS  
312.369.7287

Yes! I would like to help a Columbia student achieve excellence in the visual, performing, media, and communication arts.

**Direct my contribution to:**

- ☐
- ☐ **Other:**

Please accept my pledge to contribute \$  per pay period.\*

OR

Please accept my pledge of \$  to be deducted in installments of \$  per pay period.

OR

Please accept my one time gift of \$  to be paid by ☐ check or ☐ credit card

**PLEASE FILL OUT CREDIT CARD  
INFORMATION BELOW (If Applicable)**

Credit Card Information: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

**NAME AS IT APPEARS ON CARD**

**CARD NUMBER**

**EXP**

I wish to remain anonymous on all public donor listings.

**NAME**

**DEPARTMENT**

**TITLE**

**EMPLOYEE SIGNATURE**

**DATE**

\*I understand that this contribution will be deducted directly from my salary or wages until such time that I choose to adjust the payment amount or request a cancellation. (Such requests may be issued, in writing, to the Office Development and Alumni Relations.)

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# Columbia

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