

Faculty and Staff Giving Form

Full Name: _____ CWID# _____

Job Title: _____ Department: _____

Campus Phone: _____ Campus Email: _____@cofc.edu

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Email: _____

Gift By Check

I am enclosing a one-time gift of \$ _____ via check made payable to College of Charleston Foundation.

Designate my contribution as follows (The amounts you designate to each fund must total the overall gift amount you indicate in the above section.):

\$ _____ College of Charleston Fund

\$ _____ Advocates for Education, Health, and Human Performance Fund

\$ _____ Dean's Excellence Fund – School of the Arts

\$ _____ Dean's Excellence Fund – School of Business

\$ _____ Dean's Excellence Fund – The Graduate School

\$ _____ Dean's Excellence Fund – Honors College

\$ _____ Dean's Excellence Fund – School of Humanities and Social Sciences

\$ _____ Dean's Excellence Fund – School of Languages, Cultures, and World Affairs

\$ _____ Dean's Excellence Fund – School of Sciences and Mathematics

\$ _____ Friends of the Library Fund

\$ _____ Parents' Fund

\$ _____ Student Affairs Excellence Fund

\$ _____ Cougar Club

\$ _____ Other Fund _____ (Visit www.cofc.edu/giving for additional fund designations.)

Signature: _____ **Date** _____