Washington College Campaign

Washington College I.D. # _____

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

Contribution Information: Contribution deductions will begin on the first payroll of the month following your submission of this form. Please select a contribution plan from one of the following options:

☐ $ _____in a one-time payroll deduction.

☐ $ _____in a recurring biweekly payroll deduction, until further notice.

☐ $_____ in equal biweekly installments through until my pledge of $_____ is met.

Apply my donation as follows:

$ _____ ☐ American Red Cross of the Delmarva Peninsula

$ _____ ☐ Arc-Central Chesapeake Region

$_____ ☐ Boy Scouts Del-Mar-Va Council

$_____ ☐ Camp Fairlee Manor/Easter Seals

$ _____ ☐ Character Counts! Kent County

$ _____ ☐ The Community Food Pantry

$ _____ ☐ Community Mediations Services Upper Shore

$ _____ ☐ Echo Hill Outdoor School

$ _____ ☐ *Fiddlesticks!* Youth Orchestra

$ _____ ☐ For All Seasons

$ _____ ☐ Girl Scouts of the Chesapeake Council

$ _____ ☐ Good Neighbor Fund

$ _____ ☐ Horizons Student Enrichment Program

$ _____ ☐ Kent Association of Riding Therapy

$ _____ ☐ Kent Center

$ _____ ☐ Kent County Medical Adult Day Care

$ _____ ☐ Mid-Shore Council on Family Violence

$ _____ ☐ Playmakers Camp at Garfield Center

$ _____ ☐ Rebuilding Together

$ _____ ☐ The Salvation Army

$ _____ ☐ Samaritan Group

$ _____ ☐ Shared Opportunity Service

$ _____ ☐ Townsend Memorial Medical Clinic

$ _____ ☐ United Needs and Abilities (formerly EAES)

$ _____ ☐ United Way of Kent County

Signature_____ Date_____

Thank you for your support!

Please return this completed form to the Office of Human Resources.