



2024 EMPLOYEE CHARITABLE GIVING CAMPAIGN

Beginning in January 2024

Thank you for your support of the DMACC Foundation Employee Charitable Giving Campaign. Please complete this form and return it to the DMACC Foundation, Ankeny Campus, Building 22 by December 15, 2023. This form should be used to make a one-time lump sum donation or enroll your deduction in the employee payroll deduction program.

NEW! The payroll deduction pledge set-up in the 2024 Employee Charitable Giving Campaign will begin with the first pay in January, 2024 and will continue until the deduction is stopped. An email sent to the DMACC Foundation (foundation@dmacc.edu) and the Payroll Office (payroll@dmacc.edu) is required to stop the deduction. Changes to the deduction amount or fund(s) may be made at any time after January 15, 2024.

METHOD OF GIVING

I pledge my financial support to the DMACC Employee Campaign as indicated below.

<input type="checkbox"/> A: Payroll Deduction I want the following amount deducted from each paycheck/pay period: <i>(Please check only one)</i> <input type="checkbox"/> \$50 [\$50 x 24 pay periods = total annual gift of \$1200] <input type="checkbox"/> \$35 [\$35 x 24 pay periods = total annual gift of \$840] <input type="checkbox"/> \$25 [\$25 x 24 pay periods = total annual gift of \$600] <input type="checkbox"/> \$20 [\$20 x 24 pay periods = total annual gift of \$480] <input type="checkbox"/> \$15 [\$15 x 24 pay periods = total annual gift of \$360] <input type="checkbox"/> \$10 [\$10 x 24 pay periods = total annual gift of \$240] <input type="checkbox"/> \$5 [\$ 5 x 24 pay periods = total annual gift of \$120] <input type="checkbox"/> \$ _____ Other = total annual gift of \$ _____	<input type="checkbox"/> B: Lump Sum Donation I want to give a lump sum gift of \$ _____ <input type="checkbox"/> Cash or check attached, payable to the DMACC Foundation <input type="checkbox"/> Please contact me at _____ so I can provide a member of the Foundation staff with my credit card information.
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GIFT AND ACCOUNT DESIGNATION

Please designate my gift of \$ _____ to the following fund(s):

General District Wide Scholarship: \$ _____	Alumni Association Scholarship: \$ _____
Ankeny Campus General Scholarship: \$ _____	College-Wide Endowment: \$ _____
Boone Campus General Scholarship: \$ _____	
Carroll Campus General Scholarship: \$ _____	Other: Account Code: _____ \$ _____
Newton Campus General Scholarship: \$ _____	Account Code: _____ \$ _____
Urban Campus General Scholarship: \$ _____	
West Campus General Scholarship: \$ _____	

For a complete list of funds, please visit www.dmacc.edu/foundation/Documents/2024employeeqiving.pdf. If no fund is specified above, donations will be allocated to the College-Wide Unrestricted Fund.

- I want my contribution to remain anonymous.
- I have included a matching gift form from my spouse's employer.
- Please contact me about supporting DMACC in my estate planning.

Date Signature Printed Name

We want to process your gift correctly, so please complete your pledge form with care. You will be provided a formal statement of your tax-deductibility from the DMACC Foundation. Please contact our office at (515) 964-6229 with questions.

THANK YOU!