

Employee Contribution Form

Return to the office of Advancement or email to advancement@confederationcollege.ca

Contact Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Office Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Gift Information

Student Financial Aid

Student Emergency
Fund/Food Bank

Confederation
College
Endowment Fund

Other: _____

Payroll Deduction

Total contribution divided by **26** pay periods per year.

The sum of _____ beginning _____
(Total amount) (Effective date)

Ongoing contribution of _____ per pay until otherwise notified.

One-time contribution of _____ payable on _____
(Total amount) (Effective pay date)

Signature: _____ Date: _____

Other Contributions

To make a donation at any time during the year, click here, visit our online giving page at the link below, or scan the QR code.

Visit: <https://www.confederationcollege.ca/department/advancement/donate>



Thank you for your support!

Confederation College Charitable Registration # 106966427 RR0002

Questions? Contact advancement@confederationcollege.ca or (807) 475-6460.