

CF Retiree Gift Choice

CF is pleased to offer a gift in recognition of your retirement and years of service to the college. Eligible employees include those who have eight or more years of service with CF.

| Please provide the following information about yoursel | f and your gift preference: |
|---|----------------------------------|
| Full Name: | |
| Employee ID Number: | |
| Retirement Date: | |
| Last Actual Work Date: | |
| Your Choice of Retirement Gift: | |
| Clock with an engraved plaque with your years | of service. |
| Brick with your name and years of service place Campus. | ed on the Marion, Citrus or Levy |
| Please select which Campus below | : |
| Marion | |
| Citrus Levy | |
| Neither of the above. | |
| | |
| Total Years | s of Service: |