



## EMPLOYEE GIVING DONATION FORM

Name: \_\_\_\_\_

CTC LINK ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Please do not recognize me on the Foundation website.

### Ways to Donate

To make a one time or recurring donation by debit or credit scan the QR Code.



### Payroll Deduction Information

I authorize SPSCC to deduct: \$ \_\_\_\_\_ Check one below:

**Per Pay Period.** This amount will be deducted each pay period based on 24 pay periods. Deductions will begin on the next available payroll period. Amount may vary if you are not paid during the summer.

**One-Time Donation.** This amount will be deducted from your paycheck in the next available payroll period.

### Payroll Authorization

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature is required to authorize/discontinue/change payroll deductions. You may change or stop payroll deduction anytime with a written request to the SPSCC Foundation.

**Please return your completed form to the SPSCC Foundation.**

E-mail to [foundation@spscc.edu](mailto:foundation@spscc.edu) or drop off to SPSCC Foundation, 2421 Heritage Ct. SW, 4<sup>th</sup> Floor, Olympia, WA 98502

For assistance please contact the Foundation Office [foundation@spscc.edu](mailto:foundation@spscc.edu).

**Thank you for your generosity!**

### Please designate my gift to:

*If you'd like to support a specific scholarship or program please specify which one.*

**Student Success**

**Scholarships**

Fund: \_\_\_\_\_

**College Programs**

Fund: \_\_\_\_\_

**Student Grants**

*If you would like assistance choosing a designation, please email the Foundation office.*