



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 or drop off to SPSCC Foundation, 2421 Heritage Ct. SW, 4th Floor, Olympia, WA 98502

For assistance please contact the Foundation Office 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.