

SPSCC Campus Giving Campaign

CONTACT INFORMATION

Name: _____ **Department:** _____ **Ext.:** _____
Address: _____ **City, State:** _____ **Zip:** _____
Home Phone: _____ **SID#:** _____

I prefer this gift to remain anonymous on the annual honor roll.

PAYROLL DEDUCTION

I would like to:

enroll via payroll deduction

increase my current contribution

Please select the amount you wish to have deducted each pay period (based on 24 pay periods; amount may vary if you are not paid during the summer)

change my current contribution (describe below)

\$50 x _____ pay period(s)

\$25 x _____ pay period(s)

\$10 x _____ pay period(s)

\$5 x _____ pay period(s)

\$1 x _____ pay period(s)

\$____ x _____ pay period(s)

ONE-TIME CONTRIBUTION

Enclosed is my cash or check for \$_____. Please make checks payable to SPSCC Foundation.

I would like to charge \$_____ to my Visa/MasterCard/Discover credit card.

Card#: _____ Exp. Date: _____

Name on the Card: _____ CVC#: _____

PLEASE DESIGNATE MY DONATION TO:

Scholarship(s) (list at spscc.academicworks.com; please specify) _____

College Program(s) (list at spscc.edu/foundation/giving; please specify) _____

Greatest Area of Need

AUTHORIZATION/SIGNATURE

I would like to make a new donation to other charities through the WA State Combined Fund Drive.

Please complete a separate CFD Enrollment Form or contact the Human Resources office for more information.

Signature: _____ **Date:** _____

Your signature is required to authorize/discontinue/change payroll deductions or process your credit card donation. You may change or stop payroll deduction anytime with a written request to the College Foundation. The changes will be implemented on the next possible paycheck.

Please make a photocopy for your records and return this form to the College Foundation.

For questions, please contact the College Foundation at (360) 596-5430. Thank you!