Shoreline Community College
FOUNDATION

Payroll Deduction Authorization Form

YES, I would like to make a gift to Shoreline Community College!

Semi-monthly:
Amount per pay check: $10 ☐ $25 ☐ $50 ☐ Other amount _____
Gift to begin on: 10th ☐ or 25th ☐ pay period of _____ (month) _____(year)

Monthly:
Amount per pay check: $10 ☐ $25 ☐ $50 ☐ Other amount _____
Gift to begin on: 10th ☐ or 25th ☐ pay period of _____ (month) _____ (year)

One-time donation:
Gift amount: $ _____
Gift deducted on: 10th ☐ or 25th ☐ pay period of _____ (month) _____ (year)

This authorization:
☐ INITIATES my automatic gift support through payroll deduction
☐ CHANGES the amount of my payroll deduction gift
☐ ENDS my payroll deduction gift support as of _____ (date)

Gift designation
☐ Student Success (scholarships) ☐ Greatest Need ☐ Other Fund _____

PRINT NAME DEPARTMENT NAME

EMPLOYEE ID NUMBER

HOME ADDRESS

CITY STATE ZIP CODE

SIGNATURE DATE

I authorize payroll to make the above listed payroll deduction(s) for the philanthropic gift of my choice identified on this form. This authorization will remain in effect until written notification stating otherwise is received in the Foundation office. Shoreline Community College Foundation is a non-profit 501(c)3 organization. Your donation is tax-deductible to the extent of the law. Please consult your tax advisor.

Please return completed form to:
Shoreline Community College Foundation Office
Room 1005 | 206-546-4701