

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



# CCS Foundation

# CCS EMPLOYEES PAYROLL DEDUCTION PLEDGE FORM

Yes, I want to help the Community Colleges of Spokane Foundation serve our community colleges. Please choose either:

### OPTION 1

The total amount of my pledge is \$\_\_\_\_\_.

- Deduct full amount one time only from my paycheck.
- Spread my deductions over \_\_\_\_\_ pay periods.

### OPTION 2

Deduct \$\_\_\_\_\_ from my paycheck each pay period indefinitely, until I indicate otherwise.

Please have deduction(s) begin on: \_\_\_\_\_

### CREDIT MY DONATION TOWARD\*:

- Area of greatest need (1100)
- Emerging Need Endowment
- Center for Entrepreneurship
- Medical Imaging Core Curriculum
- Other current Foundation fund \_\_\_\_\_
- New named fund \_\_\_\_\_  
(Minimum \$500 required)

Name \_\_\_\_\_ Employee identification number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing address \_\_\_\_\_

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

*\*If you do not designate a fund, your donation will be used for areas of greatest need through the foundation's emerging needs endowment.*

**Thank you! Please return this form to CCS Foundation, Mail Stop 1005**