

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 EMPLOYEE PAYROLL DEDUCTION PLEDGE FORM

Name \_\_\_\_\_ Employee identification number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(As you would like it to appear in Foundation publications)*

If you are a CCS alumnus, what year did you attend/graduate? \_\_\_\_\_  SFCC  SCC  IEL

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Please choose either:**

**OPTION 1**

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

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

**OPTION 2**

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

Deduct full amount one time only from my paycheck.

Spread my deductions over \_\_\_\_\_ pay periods.

**CREDIT MY DONATION TOWARD:**

Emerging Needs Endowment (\$3-\$1 match)  
Funds areas of greatest need

Touch the Future House Campaign  
Provides support for hands-on construction project and generates funding for scholarships and building trades programs

Alumni Scholarship  
Provides scholarships for family members of CCS alumni

Other current foundation fund \_\_\_\_\_

New named fund \_\_\_\_\_  
*(Minimum \$500 required)*

My gift is in  Honor  Memory of: \_\_\_\_\_

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

**For cash, credit card or other gifts, please see reverse.**

**Real People. Real Dreams.  
Reach out to make a difference.**

**Thank you!**

Please return this form to:  
CCS Foundation

501 N Riverpoint Blvd, PO Box 6000, MS 1005  
Spokane WA 99217-6000



# CCS Foundation CCS EMPLOYEE ANNUAL CAMPAIGN PLEDGE FORM

Name \_\_\_\_\_ Employee identification number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(As you would like it to appear in Foundation publications)*

If you are a CCS alumnus, what year did you attend/graduate? \_\_\_\_\_  SFCC  SCC  IEL

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Total contribution \$ \_\_\_\_\_ in:  Cash  Securities  Other \_\_\_\_\_

My initial payment of \$ \_\_\_\_\_ is enclosed. **Make checks payable to: CCS Foundation**

Please bill me:  Monthly  Quarterly  Annually Start date \_\_\_\_\_

Please charge my:  MasterCard  Visa  American Express

Name as it appears on your card \_\_\_\_\_

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Please send me information about the foundation's electronic fund transfer program.

### CREDIT MY DONATION TOWARD:

Emerging Needs Endowment (\$3-\$1 match)  
Funds areas of greatest need

Touch the Future House Campaign  
Provides support for hands-on construction project and generates funding for scholarships and building trades programs

Alumni Scholarship  
Provides scholarships for family members of CCS alumni

Other current foundation fund \_\_\_\_\_

New named fund \_\_\_\_\_  
*(Minimum \$500 required)*

My gift is in  Honor  Memory of: \_\_\_\_\_

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

For payroll deduction, please see reverse.

**Real People. Real Dreams.  
Reach out to make a difference.**

**Thank you!**

Please return this form to:

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