



Community Colleges
of Spokane

Foundation EMPLOYEE PAYROLL DEDUCTION PLEDGE FORM

Name _____ Employee identification number

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(As you would like it to appear in Foundation publications)

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

Street address _____

City _____ State _____ ZIP _____

Telephone _____ E-mail _____

CONTRIBUTION INFORMATION:

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 - Funds areas of greatest need
- Integrated Business and Entrepreneurship Fund - Provides scholarships, program support and micro-enterprise loan funds for IBE students
- Touch the Future Scholarship Fund - Provides scholarships for deserving CCS students
- Alumni Scholarship - Provides scholarships for family members of CCS alumni
- Other current foundation fund Select _____ [Click here for a list of funds](#)
- New named fund _____
(Minimum \$1000 required)

My gift is in Honor Memory of: _____

Signature _____ Date signed _____

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

Inspire. Enrich. Uplift.

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



Community Colleges
of Spokane

Foundation EMPLOYEE ANNUAL CAMPAIGN PLEDGE FORM

Name _____ Employee identification number

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(As you would like it to appear in Foundation publications)

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

Street address _____

City _____ State _____ ZIP _____

Telephone _____ E-mail _____

CONTRIBUTION INFORMATION

Total contribution \$ _____

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

Bill me: Monthly Quarterly Annually Start date _____

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.

Cash Securities Other

CREDIT DONATION TOWARD

Emerging Needs Endowment - Funds areas of greatest need

Integrated Business and Entrepreneurship Fund - Provides scholarships, program support and micro-enterprise loan funds for IBE students

Touch the Future House - 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 Select _____ [Click here for a list of funds](#)

New named fund _____
(Minimum \$1000 required)

My gift is in Honor Memory of: _____

Signature _____ Date signed _____

For payroll deduction, please see reverse.

Inspire. Enrich. Uplift.

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Thank you!

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