

Payroll Deduction Authorization/Change Form

- ☐ New Donation (for employees who are not already donating)
- ☐ Additional Donation (for current donors)
- ☐ Change in Current Donation
- ☐ Terminate Donation

_____ Employee Name	_____ Employee SID	
_____ Address	_____ City	_____ Zip Code
_____ Email Address	_____ Phone Number	

I wish to make a payroll deduction donation to the following fund:

- | | |
|--|---|
| ☐ Area of Greatest Need | ☐ General Scholarships |
| ☐ Emergency Grants | ☐ Student Success Campaign |
| ☐ Veteran Student Support | |
| ☐ Other _____ | |

ONGOING PAYROLL DEDUCTION

- ☐ I authorize Pierce College District to deduct \$ _____ per pay period for 24 payments per year.*
**This will continue each year until such time as employment is terminated or a change is requested.*

ONE-TIME PAYROLL DEDUCTION

- ☐ I authorize Pierce College District to make a one-time deduction of \$ _____ for the month of _____

PLEDGE PAYMENT PAYROLL DEDUCTION

- ☐ I authorize Pierce College District to make a \$ _____ per pay period deduction until a total of \$ _____ has been deducted. Please begin payments for the month of _____.

- ☐ I wish my gift to be confidential. ☐ I give permission for my gift to be recognized on donor lists.

_____ Signature	_____ Date
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Please submit this form to the Foundation Office - Attn: Emmeline Call in PUY-ADM-108A
Do not turn in to Payroll.

FOUNDATION USE ONLY (Do not Write Below this Line)

Donor ID: _____ Date Form Received: _____

Foundation Staff Initials: _____