



WCCCD SCHOLARSHIP COMMITTEE CONTRIBUTION/PAYROLL DEDUCTION AUTHORIZATION

Name: Dr. Mr. Mrs. Ms. _____

Address: _____

City/State/Zip: _____

Phone: (work) _____ (home) _____ (cell) _____

A#: _____ Email: _____

Division: _____ Campus: _____ Title: _____

Please select one of the following options:

Option 1: Payroll Deduction	Option 2: One Time Contribution Cash Check
Gift Amount: \$ _____ <div style="text-align: center; font-size: small;"> <input type="checkbox"/> Pay period <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly </div>	Gift Amount: \$ _____
Effective with the next pay period, deduct \$ _____ per pay period (minimum of \$5 per pay period). Please note here if you are : <input type="checkbox"/> A new payroll deduction donor <input type="checkbox"/> Changing the amount of current deductions *This authorization shall remain in effect until I notify Payroll that I wish to stop the payroll deduction.	Enclosed is my contribution of \$ _____ <input type="checkbox"/> I have enclosed a check payable to <i>WCCCD Scholarship Committee.</i> <p style="text-align: center;">All contributions are tax-deductible.</p>

Signature: _____

Date: _____

Gift Chart

Monthly Payment	Annual Gift	Over 5 Years
\$10	\$120	\$600
\$15	\$180	\$900
\$20	\$240	\$1,200
\$25	\$300	\$1,500
\$30	\$360	\$1,800
\$40	\$480	\$2,400
\$50	\$600	\$3,000
\$100	\$1,200	\$6,000

Please return completed form to Division of Human Resources, WCCCD – Attention: Director of Human Resources