

PAYROLL DEDUCTION

Cancellation

(Please type in designated fields, print and hand sign.)

Updated

New

authorize Monroe County Commun credit my donation to the scholarshi		deduct the following amount from each paycheck. Please n initiative as designated below:	
Payroll deduction amount:	\$	total amount per paycheck (\$5 minimum)	
	I work less than 26 pays. # of pays		
		n you may have, and payroll deductions must be updated annually. You m at any time by notifying The Foundation via email at	
Please select the radial button(s) for the programs you wish to donate to and on the line provided please list the dollar amount per paycheck for each fund(s). Thank you.	Holladay Theater		
	Area of greatest need		
	Student Emergency Fund		
	Other: Please indicate both the designation and amount you would like deducted from each paycheck.		
			I do not want my name listed
SIGNATURE (hand signatures only, electr	onic signatures will N	NOT be accepted) PRINT NAME	
JOB TITLE		NAME AS YOU WISH IT TO APPEAR IN PUBLICATIONS	
HOME MAILING ADDRESS (for tax p	ourposes)		

<u>Please print, hand sign and send the completed form to The Foundation at MCCC for processing.</u> Please allow at least one pay period for your request to take effect through the college's payroll department. The foundation is a 501(c)(3) organization, and donations are tax-deductible to the fullest extent of the law. Donations may be pledged and given over time.

NO

YES

If YES, please indicate your year of graduation, degree & major:_____

The Foundation at Monroe County Community College is the charitable organization dedicated to enhancing the educational and cultural experience of our students and community.

We sincerely appreciate your support.

Additional Information:

Are you an MCCC Alum?