Community Colleges of Spokane

Community Colleges of Spokane Foundation
EMPLOYEE PAYROLL DEDUCTION PLEDGE FORM

Reset 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

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
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 _____

☐ 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

Community Colleges of Spokane Foundation
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

Street address _____

City _____ State_____ ZIP_____

Telephone _____ E-mail_____

CONTRIBUTION INFORMATION

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 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

☐ Alumni Scholarship
Provides scholarships for family members of CCS alumni

☐ Alumni Scholarship
Provides scholarships for family members of CCS alumni

☐ Other current foundation fund _____

☐ 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.

Reach out to make a difference.

Thank you!

Please return this form to:
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Spokane WA 99217-6000