



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:

- Area of Greatest Need
- Provides merit-based scholarships to CCS students
- Emergency Scholarships
- Alumni Scholarship - Provides scholarships to family members of CCS alumni
- Other current foundation fund Select \_\_\_\_\_ [Click here for a list of funds](#)

My gift is in  Honor  Memory of: \_\_\_\_\_

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

**Reach out to make a difference.**

**Thank you!**

Please return this form to:  
CCS Foundation  
501 N Riverpoint Blvd, Suite 203  
PO Box 6000, MS 1005  
Spokane WA 99217-6000