

50 for 50 Campaign Payroll Deduction Form

Donor Information

Name					ID#		
First Last							
Address							
Address Line 1							
Address Line 1							
Address Line 2							
City		State			Zip Code		
Email				Phone			
Donation Inform	ation						
Please accept my month ☐ \$4.17	hly donation of: □ \$8.34			□ \$12.50	□ \$	25.00	
□ \$50.00	□ \$75.00			□ \$100.00	·		
]						
Pledge timeframe:				Please direct	my contributio	n to:	
	☐ Two (2) years		Please direct my contribution to: ☐ 50 for 50 Campaign - 00100				
Payroll Deduction	n Aut	horiz	ation				
☐ I hereby authorize Ker earnings each payroll pe COLLEGE FOUNDATION	n Commi	unity Co e paid as	llege Dis s a tax-d	eductible cont	ribution to the		
Signature					Date		
FOR FOUNDATION	ON OF	FICE	USE	ONLY			
Reviewed and approved by:					Date		
Transmitted to District Payroll Office by:					Date		