

**Payroll Deduction Authorization/Change Form**

- New Donation (for employees who are not already donating)
- Additional Donation (for current donors)
- Change in Current Donation
- Terminate Donation

Employee Name	Employee SID	
Address	City	Zip Code
Email Address	Phone Number	

**I wish to make a payroll deduction donation to the following fund:**

- |  |   |
|--|---|
| <input type="checkbox"/> Area of Greatest Need   | <input type="checkbox"/> General Scholarships       |
| <input type="checkbox"/> Emergency Grants        | <input type="checkbox"/> Legacy of Excellence Fund  |
| <input type="checkbox"/> Veteran Student Support | <input type="checkbox"/> Vet Tech Medical Care Fund |
| <input type="checkbox"/> Other _____             |   |

**ONGOING PAYROLL DEDUCTION**

- I authorize Pierce College District to deduct \$ \_\_\_\_\_ per pay period for 24 payments per year.\*  
*\*This will continue each year until such time as employment is terminated or a change is requested.*

**ONE-TIME PAYROLL DEDUCTION**

- I authorize Pierce College District to make a one-time deduction of \$ \_\_\_\_\_ for the month of \_\_\_\_\_

**PLEDGE PAYMENT PAYROLL DEDUCTION**

- I authorize Pierce College District to make a \$ \_\_\_\_\_ per pay period deduction until a total of \$ \_\_\_\_\_ has been deducted. Please begin payments for the month of \_\_\_\_\_.

- I wish my gift to be confidential.       I give permission for my gift to be recognized on donor lists.

Signature	Date
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Please submit this form to the Foundation Office - Attn: Emmeline Call in PUY-ADM-108A  
Do not turn in to Payroll.

**FOUNDATION USE ONLY (Do not Write Below this Line)**

Donor ID: \_\_\_\_\_ Date Form Received: \_\_\_\_\_

Foundation Staff Initials: \_\_\_\_\_