



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