Southeastern Community College FOUNDATION EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

I wish to contribute to the SCC FOUNDATION through payroll deduction. I authorize the SCC Business Office to deduct the TOTAL sum of \$ per month (1/2 per pay period) and to convey said amount to the SCC FOUNDATION . (Minimum deduction allowed is 2.00 <i>per month</i> .)		
Print Name: Signature:		Date:
PLEASE RETURN THIS FORM TO THE FOUNDATION OFFICE.		
(GOAL: 100% employee participation)		
My contribution is for:		
Select all th	nat apply:	
	Specific Scholarship Fund>	Scholarship Name:
	Unrestricted Fund / Where needed most	
	Mini Grant Fund	(Optional) In memory or honor of:
	Instructional Equipment Fund	
Note: This authorization is in effect until cancelled by you. Questions? Please contact the Foundation Office at ext. 5062.		
White Copy – Foundation Yellow Copy – Busin		Business Office Pink Copy – Employee / Donor
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