



**“A BETTER LIFE BEGINS WITHIN”  
CONTRIBUTION/PAYROLL DEDUCTION  
AUTHORIZATION**

Name: *Dr. Mr. Mrs. Ms.* \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
(cell) \_\_\_\_\_

A-Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Title \_\_\_\_\_

My gift will be paid by:

Payroll Deduction	One Time Contribution    Cash    Check
<b>Gift amount: \$</b> _____ <div style="text-align: center; margin-left: 100px;">pay period</div>	<b>Gift amount: \$</b> _____
Effective with the next pay period, deduct \$ _____ per pay period (minimum of \$2 per pay period).  Please note here if you are: a new payroll deduction donor changing the amount of current deductions  This authorization shall remain in effect until I notify Payroll that I wish to stop the payroll deduction.	Enclosed is my contribution of \$ _____ I have enclosed a check payable to <i>WCCCD Scholarship Committee</i>  <b>All contributions are tax-deductible.</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed form and/or contribution to  
Attn: Denise Shannon (496-2617)  
WCCCD Scholarship Committee, District Office – 3<sup>rd</sup> floor**