FOUND TION

Thank you for your support. To make a gift, please complete this form and return it to our office in the Administration Building – room 1005 (206) 533-6783

I would like to make a gift through SCC payroll deduction.

Semi-monthly	
Amount per pay check \$	
Gift to begin on: 10th or 25th	pay period of (month) (year)
Your gift will continue L	ntil written notification stating otherwise is received in the Foundation Office.
SCC staff ID (or Social Security) nur	nber:
Signature :	
One time payroll deduction	
Gift amount \$	
Gift to be deducted from the 10th	or 25th pay period of (month) (year)
SCC staff ID (or Social Security) num	ber:
Signature :	
My check made payable to <u>SCC F</u> Please charge my VISA/MasterC	Thanky
in the amount of \$	
My card number is:	Expiration Date:
Name on card:	CVS #:
Signature:	
Please direct my gift to:	
Name:	
Address:	
City:	State: Zip:
Work Phone: Home P	hone: E-mail: