



Employee Giving Program - Payroll Deduction Authorization Form

YES! I want to *GIVE OPPORTUNITY* to our students!

Name _____

Home Address _____

City _____ State _____ Zip _____

Email _____ Social Security # (last four digits) _____

I want to remain anonymous.

I wish to provide scholarship support to students at the following college: _____

Amount per pay period \$ _____ (\$1.00 minimum)

Number of pay periods __ 26 __ 24 __ 20 __ Other

My TOTAL Annual Gift \$

I authorize CCSNH to remit the amount designated above to The Foundation for NH Community Colleges. This authorization is effective for pay periods in calendar year 2022 unless I submit written notice of cancellation to The Foundation or until termination of my employment.

Signature _____ Date _____

Please return this completed form to:

Lisa Clark, Development Coordinator
The Foundation for NH Community Colleges
26 College Drive, Concord NH 03301
603.230.3520
lclark@ccsnh.edu

The Foundation is a 501(c)(3) non-profit organization established to benefit the state's seven community colleges. Contributions to The Foundation are tax deductible to the fullest extent permitted by law.

THANK YOU FOR YOUR PARTICIPATION AND SUPPORT!