

Employee Giving Program
GROW Santa Fe Community College Foundation

Gift and Payroll Deduction Consent Form

1. Personal Information *(please print)*

Name _____ A# _____

Address _____

City/State _____ Zip _____

SFCC Department _____ Work/Ext. _____

Work email: _____ Home email: _____

2. Purpose of the gift *(please check)*

_____ SFCC Stimulus Fund – support SFCC _____ Sunshine Fund (employee emergency fund)

_____ GROW unrestricted account for scholarships, programs, student emergencies _____ Sunshine Memorial Fund

3. Payment Method *(check one)*

_____ Enclosed is my check # _____ in the amount of \$ _____ (submit to GROW, Room 109)

_____ Please charge my credit card in the amount of \$ _____ (submit to GROW, Room 109)

Name as it appears on your credit card: _____

Credit card type: _____ Credit Card #: _____ Exp date: _____

_____ Payroll deduction: I would like to contribute \$ _____ each pay period to begin with the _____ payroll date (submit to Payroll for processing)

Note that if there are mandatory donated days or salary cuts in the future, any donations to GROW do not exempt employees from such a mandate.

4. Signature: _____

Employee signature

Date

ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE WHEN YOU ITEMIZE ON YOUR TAX FORMS

You may add GROW as a beneficiary in your will, trust, life insurance, checking or savings accounts. We welcome the opportunity to explain how this can benefit you and the College. If you would like more information, please contact the GROW Santa Fe Community College Foundation Office at Ext 1175 or come to Room 109.

Thank you for participating in the employee giving program!

Please return this form to the Payroll Office, Room 205.