

Thanks to You.....We are SCFF



www.scf-foundation.org

EMPLOYEE CONTRIBUTION FORM

Name _____ ID number: G00 _____

Campus _____ Department _____

Home Address _____
Street City State Zip

Please complete one of the following:

- CONTINUE** my current payroll deduction **as it is.**
- I would like to **CHANGE** my payroll deduction
 - A. Please *INCREASE/DECREASE* from: \$ _____ a pay period to: \$ _____ a pay period
 - B. Please change my designation *FROM*: _____ *TO*: _____
- I would like to **BEGIN** payroll deduction:
 - I will contribute \$ _____ per pay period: unrestricted or to the following fund(s): _____

To the Payroll Office:
 I hereby authorize SCF to deduct from each of my salary checks the deduction amount shown for the purpose of my contributing to a campus related foundation, and to transmit such withholding amount to the designated provider. I understand that this authorization is continuous and may be revoked at any time by written notice filed with the Foundation or upon my termination of employment.

 Signature of Employee Date Signed Effective Date

For a complete list of funds see the S drive/foundation/employee campaign

- CASH OR CHECK GIFT** in the amount of \$ _____: unrestricted or to the following fund(s): _____
 - CREDIT CARD GIFT** in the amount of \$ _____: unrestricted or to the following fund(s): _____
- Credit Card#** _____ **Exp Date** _____ **CSC Code** _____

Or make your donation online at SCF-foundation.org

PLEASE RETURN THE FORM TO: STATE COLLEGE OF FLORIDA FOUNDATION, INC.
BLDG 7 – ROOM 151, BRADENTON / BLDG 800 - ROOM 825, VENICE
941-752-5390 / 941-408-1418

For office use only:

Received by Foundation on: _____ by _____ To HR on: _____ by _____ To Payroll on: _____ by: _____

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