



Educate. Inspire. Give.

EMPLOYEE CONTRIBUTION FORM

Name _____ ID Number G00: _____

Campus _____ Department _____

*Home Address _____

Street City, State Zip (*NOTE: if making a one time credit card donation please go to scf-foundation.org/donate, If you want to just fill out the form for credit card, please use address associated with credit card. Thank you)

Please complete one of the following:(a fillable form is available on S:\Foundation\Employee Campaign)

[] 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 Fund designation:

i. FROM: _____

ii. TO: _____

[] I would like to BEGIN payroll deduction:

I will contribute \$_____ per pay period: ___ Unrestricted or ___ to the following

Fund selection: _____

Please initial for 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.

[] 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 _____

Name as it appears on credit card: _____

*If using credit card please make sure that the address above is the same as on the credit card. If you would like to have recurring credit card deductions please contact Foundation.

Or make your donation online at SCF-foundation.org/Donate

PLEASE RETURN THE FORM TO: STATE COLLEGE OF FLORIDA FOUNDATION, INC.

BLDG 7 – ROOM 151, BRADENTON 941-752-5390

ATTN: TED VAN PATTEN, CONSTITUENT DATABASE MANAGER

For a complete list of funds see the S: drive/foundation/employee campaign if not printed on back of this form.

Signature of Employee

Signed Date

Effective Date

For office use only:

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

20191023rev

If you are using the fillable version form, please print once finished it will not allow you to save with the data, must use save as.