



# Payroll Deduction Form

I authorize College of the Siskiyous to deduct from my regular salary the amount of \$\_\_\_\_\_ per month and transmit these deductions to the COS Foundation. Please designate my gift to the following:

\_\_\_\_\_ Annual Fund                      \_\_\_\_\_ President's Circle (Minimum \$84 month/12 months)

Or State your preferred designation here \_\_\_\_\_

This authorization shall remain in effect until modified in writing by the undersigned.

Print Name \_\_\_\_\_ S.S. # \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

I prefer to donate by: cash / check or credit card.                      Amount: \$ \_\_\_\_\_

Please charge my donation to my:                      Visa                      MasterCard                      Discover (circle one)

Account Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

***Thank you for your support!***

\_\_\_ Yes, I give permission for the COS Foundation to use my name as a contributor.

\_\_\_ No, I prefer my name remain confidential.

***\*\*Donations are tax-deductible and you will receive a contribution statement at the year-end.***

***\*\*\*Please return completed form to Kelly Groppi in the COS Human Resources Office. Once processed, you will be provided a copy for your own records.***