

Shoreline Community College
FOUNDATION

Thank you for your support.

*To make a gift, please complete this form and return it to our office in the Administration Building – room 1005
(206) 546-4755*

_____ I would like to make a gift through SCC payroll deduction.

_____ Semi-monthly

Amount per pay check \$ _____

Gift to begin _____ (month, year).

Your gift will continue until written notification stating otherwise is received in the Foundation Office.

SCC staff ID (or Social Security) number: _____

Signature : _____

_____ One time payroll deduction gift of \$ _____

Gift to come from _____ pay period

SCC staff ID (or Social Security) number: _____

Signature : _____

_____ My check made payable to SCC Foundation is enclosed.

_____ Please charge my VISA/MasterCard

in the amount of \$ _____

My card number is: _____ Expiration Date: _____

Name on card: _____

Signature: _____

Thank you!

Please direct my gift to: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone: _____ **Home Phone:** _____ **E-mail:** _____

*The Shoreline Community College Foundation is a non-profit 501©3 organization. Your donation is tax deductible to the extent of the law.
Please consult your tax advisor.*