

Miles Community College
Foundation

PAYROLL DEDUCTION AUTHORIZATION FORM

Name: _____ **Social Security Number:** _____

Job Title: _____ **Department:** _____

I wish to support Miles Community College (MCC) through the Miles Community College Foundation payroll deduction plan. I hereby authorize the MCC Business Office to deduct the sum of \$_____ per month and to convey said amount to the MCC Foundation. Minimum deduction allowed is \$5.00 per month.

This contribution is for:

Pioneer Scholarship Fund

MCC Foundation Fund

Pioneer Club

Other, please specify _____

This authorization remains in effect unless cancelled in writing by you, the donor. You may change your monthly deduction by contacting the Miles Community College Business Office and completing a new authorization form.

Employee Signature

Date

Notice: The Miles Community College (MCC) Foundation is a nonprofit, 501(c)(3) corporation. Your donations to the MCC Foundation are tax deductible if you choose to itemize your personal income taxes. Please remember that your donation through a payroll deduction is an after-tax deduction. Gift receipts will be processed annually (January).

For Official Use Only

Date Received _____ Copy to Business Office _____ Copy to Employee _____