

**EMPLOYEE PAYROLL DEDUCTION PLEDGE FORM**

|  |  |  |
| --- | --- | --- |
| Name |       |  |
| Employee identification number |       |  |
| Street address |       |
| Address Line 2 |       |
| City |       | State |       | Zip Code |       |
| Phone |       | Home Email |       |
| Credit my gift toward: (To choose which project to support, [take a look at the full list of Foundation funds!](https://ccsfoundation.org/wp-content/uploads/2019/02/List-of-Funds.pdf)) |
| [ ]  Scholarships  |
| [ ]  Emergency Aid |
| [ ]  Program Support |
| [ ]  Unrestricted Impact |
| [ ]  I want to give $ |       | per pay period indefinitely. |
| [ ]  I want to give $ |       | per pay period not to exceed $ |       |  |
| [ ]  I want to give a one-time donation of $ |       | from my next paycheck. |