

**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. | | | | | | |