



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 fund to support, [take a look at the full list of Foundation funds!](#))

Impact - Supports areas of greatest need

Amplify - Supports CCS programs

Empower - Provides scholarships for CCS students

Amount you would like deducted per paycheck _____