



Faculty & Staff Payroll Deduction Authorization

Name: _____ Employee ID: _____

Address: _____ City: _____ State/Zip: _____

I authorize Gaston College to deduct \$_____ per pay period (please mark your option below):

- Beginning ____/____/____ for a total gift of \$_____ **OR**
- Until further notice. (Changes in deductions may be made at any time by submitting written notice to the payroll department.)

Tell us how you would like your gift used:

- | | |
|--|---|
| <input type="checkbox"/> College's Greatest Current Need | <input type="checkbox"/> General Scholarship Fund |
| <input type="checkbox"/> Student Emergency Assistance Fund | <input type="checkbox"/> Campus Food Bank |
| <input type="checkbox"/> WSGE | <input type="checkbox"/> Other _____ |
- (Designated Scholarship Funds, Departments, Student Groups, etc.)

- I would like my gift to remain anonymous.
- My gift is in honor / memory of _____

Signature: _____ Date: _____

Gifts to the Gaston College Foundation are tax deductible to the fullest extent of the law. Thank you for your support of our students!
Please return this form to allen.julia@gaston.edu or Box 3, Gaston College.