

Payroll Deduction Authorization

Employee _____ College Phone Ext. _____
 Employee No. _____ College Mail Stop _____

I want to help students at Highline. I'd like to contribute to the following areas:

Highline's Greatest Need

 (Amount)

Scholarships Support

 (Designate)

For a listing of scholarships, please visit the
 Foundation's Web site: funds4highline.org

Program Support

 (Designate)

Please indicate specific program,
 department or student organization.

Student Emergency Assistance Funds

- _____ Multicultural
- _____ Phil Swanberg
- _____ Women's Programs

Endowment Funds

- _____ Exceptional Faculty Award
- _____ Mel and Ruth Koral for Senior Citizens
- _____ Melvin Allan President's Fund
- _____ New Century
- _____ Norman Rice
- _____ Shirley Gordon
- _____ Student Emergency Assistance
- _____ Washington Public Employees Association
 (W.P.E.A.)

Would you like to create your own scholarship of \$500 or more
 (for your department, program, etc.)? Contact the Foundation office.

Here's how much I'd like to contribute:

I hereby authorize a deduction of \$_____ per month (\$_____ per pay period) or a one-time deduction of \$_____ to be forwarded to the Highline Community College Foundation beginning with my check dated _____ and continuing until cancelled or superseded in writing by me. Minimum donation is \$10 a month.

Please return the top two copies to: Highline Community College Foundation, Building 99, Room 228, MS 99-248.

Thank you for your generosity.

On your request the Foundation will give you a receipt of your yearly deducted contributions at the end of the calendar year for tax records. Questions? Call 206-870-3774 or extension 3696.

Signature: _____ Date: _____

Recorded: _____ Personnel _____ Date: _____ Foundation _____ Date: _____