

# Payroll Deduction for Faculty/Staff

Engage. Transform. Inspire.



The Schoolcraft College Foundation plays an essential role in Schoolcraft College's growth and service to the community. Our mission is to support the programs, purposes and initiatives of Schoolcraft College. We do this by securing resources to help remove barriers to student success through student scholarships and educational program support. As a member of the Schoolcraft College family, the reality is that your support provides invaluable opportunities for academic excellence and student success.

## Your Gift

NAME	EMPLOYEE ID	DEPARTMENT	
HOME ADDRESS	CITY	STATE	ZIP
PHONE	E-MAIL	<input type="checkbox"/> DONOR PREFERS TO REMAIN ANONYMOUS.	

**Recognition** Name(s) to use for publication, e.g., John Smith or John & Jill Smith

## Contribution via Payroll Deduction

I wish to contribute through payroll deduction.

- \$25 per pay period     \$10 per pay period  
 \$15 per pay period     Other \$ \_\_\_\_\_  
\$5 minimum

I hereby authorize my employer, Schoolcraft College, to deduct the amount selected above each pay period. The deduction will remain in effect until the Schoolcraft College Payroll office is notified in writing of a change or cancellation.

- Please send me information on establishing a scholarship at Schoolcraft College.  
 Please send me information about including Schoolcraft College in my will or trust.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## One-Time Gift

I wish to give a one-time gift in the amount of

- \$500                       \$250  
 \$100                       \$50  
 Other \$ \_\_\_\_\_

**Online:** Please visit [schoolcraft.edu/donate](https://schoolcraft.edu/donate) to make your gift online through our secure system.

**Cash/Check:** Please make checks payable to Schoolcraft College Foundation.

**Credit Card:**  Visa                       Mastercard  
 Discover                       American Express

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OR

**This gift is**     In memory of (passed away)     In honor of (living)

NAME \_\_\_\_\_

Please send a notification to (Gift amount will not be mentioned.)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Designation**     Area of Greatest Need     Scholarships

To designate your gift to benefit a current named fund, please specify:

\_\_\_\_\_

Contributions are tax deductible to the full extent of applicable state and federal laws. For additional information about giving, please contact the Foundation at 734-462-4455 or visit [scf.schoolcraft.edu](https://scf.schoolcraft.edu). Email the completed form to [foundation@schoolcraft.edu](mailto:foundation@schoolcraft.edu).

