

EMPLOYEE PAYROLL DEDUCTION FORM

YES! I wish to help the Germanna Community College Educational Foundation by making a payroll deduction gift.

For 24-Pay personnel:

\$ 5.00 – per check = \$120.00
\$ 10.00 – per check = \$240.00
\$ 15.00 – per check = \$360.00
\$ 20.00 – per check = \$480.00
\$ 25.00 – per check = \$600.00

For 26-Pay personnel:

\$ 5.00 – per check = \$ 130.00
\$ 10.00 – per check = \$260.00
\$ 15.00 – per check = \$390.00
\$ 20.00 – per check = \$520.00
\$ 25.00 – per check = \$650.00

Wage Employees – Multiply per check amount by 26 for annual amount.

Please designate my gift to:

- Area of Most Need Germanna Cares Fund
 Germanna Guarantee Program Other _____

The Educational Foundation will send you written confirmation of your pledge and a year-end summary of your total contributions. For additional information, write or call:

Germanna Community College Educational Foundation
P.O. Box 1430
Locust Grove, VA 22508
(540) 423-9060 • Foundation@germanna.edu

_____ **Make a copy of this document for your records.** _____

() New () Change

I hereby authorize my employer (Germanna) to deduct \$ _____ from my salary each payday beginning _____ (date) to be remitted to the Germanna Community College Educational Foundation as a contribution from me. This authorization will continue until I change or terminate it in writing. This gift will be used to support the mission of the College and the Foundation unless a restricted purpose is specified here:

Full Name (PRINT clearly): _____

Mailing address (for your receipt): _____

Preferred email address: _____

Signature: _____

Please send this completed form to the Germanna Educational Foundation at the address listed above.

FOR COLLEGE USE:

Effective Date: _____

Copy sent to GCCEF: _____