Please use the following form to setup your

**Tax Deductible CONTRIBUTIONS through PAYROLL DEDUCTION to the:**

1. CHC Faculty Fund
2. 4.0 Scholarship Fund

Yes, I will contribute $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Month to the CHC Faculty Fund

Yes, I will contribute $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Month to 4.0 SCHOLARSHIP

Fund Descriptions:

FACULTY FUND: This fund is used to support a variety of services such as; Professional Development activities, bereavements, retiree gifts, and condolence gifts/flowers.

FACULTY SCHOLARSHIP: This scholarship is supported by the Crafton Hills College faculty and is awarded to all Crafton Hills College students who earn an Associate’s Degree in the spring semester, or in the most recent summer and fall semester with a 4.0 cumulative GPA.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address City Zip Code

Please use the following form to setup your

**Tax Deductible CONTRIBUTIONS through PAYROLL DEDUCTION to the:**

A. CHC Faculty Fund

B. 4.0 Scholarship Fund

Yes, I will contribute $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Month to the CHC Faculty Fund

Yes, I will contribute $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Month to 4.0 SCHOLARSHIP

Fund Descriptions:

FACULTY FUND: This fund is used to support a variety of services such as; Professional Development activities, bereavements, retiree gifts, and condolence gifts/flowers.

FACULTY SCHOLARSHIP: This scholarship is supported by the Crafton Hills College faculty and is awarded to all Crafton Hills College students who earn an Associate’s Degree in the spring semester, or in the most recent summer and fall semester with a 4.0 cumulative GPA.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address City Zip Code