



Payroll Contribution Form

Today's Date _____

Yes, I would like to support the students and programs at Crafton Hills College with payroll deductions!

AREAS OF SUPPORT

- \$ _____ (min. \$5/mo) _____ (Program)
- \$ _____ (min. \$5/mo) _____ (Program)
- \$ _____ (min. \$5/mo) _____ (Program)
- \$ _____ (min. \$5/mo) **Area of Greatest Need** _____ (Program)

\$ _____ **Total amount of monthly payroll contributions**

AUTHORIZATION

I authorize (the total from above) \$ _____ per month to be deducted from my paycheck.

- This is my first time setting up a payroll deduction.
- I would like this amount to replace my current scheduled deductions.
- This will be in addition to the Foundation contributions currently being deducted from my paycheck.

Print Name _____ *Signature* _____

Address _____

Street

City

Zip Code

**Each program must have a minimum contribution of \$5 per month for Payroll Deductions. For any amount less than \$5 per month, a one-time contribution may be made to the CHC Foundation directly via cash, check or credit card. Payroll deductions may be cancelled in writing at any time and will be effective on the next applicable pay cycle.*

Please contact **Michelle Riggs**, Director of Resource Development with any questions.

Office: 909-389-3391

Cell: 951-534-3362

E-mail: mriggs@craftonhills.edu

Please return this form to the CHC Foundation office