



EMPLOYEE PAYROLL DEDUCTION PLEDGE FORM

Name _____ Department /Division _____
 Home Address _____ City/State/Zip _____
 Campus Address _____ Extension _____ Home Phone _____
 Email _____ Birthday (MM/DD) _____

<i>Annual Weekly Giving Levels*</i>		<i>Approximate Bi-Deduction (26 weeks)</i>
\$10,000	Leadership	\$384.00
\$ 5,000	Benefactor	\$193.00
\$ 2,500	Supporter	\$ 97.00
\$ 1,000	Presidential Partner	\$ 39.00
\$ 500	Blue & Gold	\$ 20.00
\$ 250	Thunderwolves	\$ 10.00
\$ 100	Friend	\$ 4.00

**Annual Giving of \$100 or above are listed in the Annual Report*

Pledge - please complete one section

I pledge \$ _____ per pay period:
 Biweekly to begin: _____
This pledge will be deducted until I cancel it with the Foundation
 -or-
I pledge \$ _____ per pay period:
 Biweekly for 22 pay periods to begin: _____
 Biweekly for 26 pay periods to begin: _____
 -or-
I pledge \$ _____ to be deducted as a:
 Flat Amount for Year; specify payroll date: _____
 Flat Amount per paycheck; specify payroll dates: _____

Please check box below to designate your gift:

- Annual Fund (please use my gift where it's needed most)
- Presidential Partners (\$1000 annually)
- Athletic Endowed Scholarship
- Distinguished Student Scholarship
- Endowed Scholarship Fund (indicate name of scholarship): _____
- NCCC Foundation, Inc. Scholarship
- Veteran's Memorial Park

THANK YOU!

Please sign below and return to: NCCC Foundation, Inc. For questions, please call: (716) 614-5910

I hereby authorize the NCCC Payroll Dept to deduct the amount(s) above from my salary for transmittal to the NCCC Foundation

Employee Signature **Date**

_____ Original File _____ Payroll _____ Accountant _____ Foundation Signature

I hereby authorize the NCCC Payroll Dept to suspend the amount(s) above from my salary until further notice.

Employee Signature **Date**

_____ Original File _____ Payroll _____ Accountant _____ Foundation Signature