



THE CENTER
FOUNDATION

Give from Your Heart

Workplace Giving

The Center and CSC Employee Contribution Form

Employee Name: _____ Supervisor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Payroll Deduction Authorization (please select one):

It's simple and convenient to contribute every two weeks through payroll deduction! (26 pay periods per year)

Please deduct \$10 per pay period (\$20 a month)

Please deduct \$_____ per pay period for 26 pay periods
(minimum payroll deduction is \$3 per pay period)

or...

One-time Gift (please select one):

Enclosed is my cash or check donation in the amount of \$_____

Please bill my credit card for a one-time donation in the amount of \$_____

Name on card: _____

Card number: _____ Exp: ____/____

Employee Signature (required): _____ Date: _____

Please scan and email this completed form to svisnack@centerfoundation.org, or use the drop boxes located in the CSC and third floor break rooms. Your contribution is tax deductible: EIN #93-1296341

Deadline: on or before February 10th
Burritos and prize drawing on Tuesday, February 14th

Thank you for supporting The Center Foundation!

