



Be a Warrior Who Gives!

PLEASE CHOOSE ONE:

- I would like to **BEGIN** payroll deduction.
- I would like this to be **IN ADDITION TO** my current payroll deduction.
- I would like this to **REPLACE** my current payroll deduction.
- I would like to **CANCEL** my payroll deduction. *Please specify which or write ALL.*

Frequency:

- ◇ 1st Pay Date (12)
- ◇ 2nd Pay Date (12)
- ◇ All Pay Dates (26)
- ◇ One-time gift
- ◇ No changes to frequency

I would like this to be effective beginning _____ (pay date).

Name: _____

Date: _____

Place a check mark before each area you'd like to support, cancel, or change with NEW amount.

INSTITUTIONAL AREAS 736	AMOUNT
Alumni Association	\$
Building Projects <i>Please specify:</i>	\$
Department/Division <i>Please Specify:</i>	\$
LC Cares	\$
LC Learning Garden	\$
Library	\$
Scholarship <i>Please specify:</i>	\$
Warrior Pantry	\$
Work Scholars Program	\$
CENTER FOR ARTS & HISTORY/ CONTINUING EDUCATION & COMMUNITY EVENTS 740	AMOUNT
CAH Membership	\$
Friend of the Dogwood Festival	\$

ATHLETICS 739	AMOUNT
Warrior Athletics Association (WAA)	\$
Baseball	\$
Basketball - Men	\$
Basketball - Women	\$
Cross Country - Men	\$
Cross Country - Women	\$
Golf - Men	\$
Golf - Women	\$
Tennis - Men	\$
Tennis - Women	\$
Track - Men	\$
Track - Women	\$
Volleyball	\$
FACULTY/STAFF ORGANIZATIONS	AMOUNT
Classified Staff Organization 743	\$
Faculty Association 742	\$
Faculty Benevolence Fund 738	\$
Professional Staff Organization 737	\$
OTHER AREA	AMOUNT
<i>Please Write In:</i>	\$

TOTAL YEARLY DEDUCTION: _____

Please return to either the Payroll or College Advancement offices.

Authorization:

I authorize the payroll deduction for the amount indicated above. I understand that this deduction will continue until I notify the Human Resources or College Advancement otherwise.

Signature: _____

If you have any questions regarding areas of giving or the payroll deduction process, please contact the College Advancement office at 792-2458 or visit <http://www.lcsc.edu/giving/fsgiving/>