# Lewis-Clark State College Faculty/Staff Payroll Deduction Gift Authorization Form

Please return completed form to the LC State Foundation Office via electronic signature/email collegeadvancement@lcsc.edu
Note: As of July 1, 2022, payroll deduction contributions must be for a minimum of five (5) pay periods and a minimum amount of $5.00 per pay period. LCSCF will post deduction(s) on the earliest available effective date unless otherwise requested.
Questions? Contact us at (208) 792-2458 or collegeadvancement@lcsc.edu

**Employee Information**

Employee Name _____
Last First MI

Warrior ID Number _____ Email _____

Home Mailing Address _____

Phone Number(s) Work (____) _____ Home/Cell (____) _____

**Pledge Type** (select one) ☐ **Definite** (a specified amount or number of pay periods – Complete **Section I**)
☐ **Indefinite** (on-going recurring gift – complete **Section II**)

**Section I – Definite Pledge**

| Gift Fund Code and Fund Name | Deduction per pay period | Number of pay periods | Total Amount |
|---|---|---|---|
| _____ | $_____ | _____ | $_____ |
| _____ | $_____ | _____ | $_____ |
| _____ | $_____ | _____ | $_____ |
| _____ | $_____ | _____ | $_____ |

**Section II – Indefinite Pledge**

****Please email LCSCF when you'd like your deduction to stop at** collegeadvancement@lcsc.edu

| Gift Fund Code and Fund Name | Deduction per pay period |
|---|---|
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |

**Authorization**

I hereby authorize the above deduction(s) from the Lewis-Clark State College paycheck. Such amount is to be deposited with the Lewis-Clark State College Foundation for distribution as shown.

_____ _____
Signature Date

**Foundation Use Only: Contribution#** _____ **Session#** _____
LCSCF 7/1/22 **Date Entered** _____ **Entered by**_____