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	First		
Warrior ID Number			
Home Mailing Address			
Phone Number(s) Work ()	Home/Cell ()		
=	pecified amount or number of pay pe on-going recurring gift – complete Se	•	Section I)
Section I – Definite Pledge			
Gift Fund Code and Fund Name	Deduction per pay period	Number of pay periods	Total Amount
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	<u> </u>		\$
	\$		\$
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Section II — Indefinite Pledge **Please email LCSCF when you'd like yo Gift Fund Code and Fund Name	Deduction per pay period	nent@lcsc.edu	
	\$		
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	\$		
Authorization I hereby authorize the above deduction(s) fror Lewis-Clark State College Foundation for distri		neck. Such amoun	t is to be deposi
Signature		Date	
Foundation Use Only: Contribution#		sion#	
LCSCF 7/1/22 Date Entered	Fni	ered by	