



North Florida College Foundation, Inc.
Employee Payroll Deduction Authorization

Name: _____

I wish to contribute to the NFC Foundation, Inc. by payroll deduction.

Please withhold from my paycheck the **total monthly amount** of \$_____.

Effective month to begin payroll deduction: _____

Please note that this contribution is designated as follows:

<u>Programs:</u>	<u>Amount:</u>
First Generation Program Support	\$
Graduation Elevation – GRAD FEST	\$
iCARE Mentoring Program Support	\$
Sentinel Food Pantry/ Bon Appetit Fund	\$
Sentinel Upstage Players Theatre Support	\$
Student Activities Fund	\$
Student Relief Fund	\$

<u>Scholarships:</u>	<u>Amount:</u>
Career & Technical Scholarship (CWE)	\$
General Foundation Scholarship	\$
General Nursing Scholarship	\$

<u>Other:</u>	<u>Amount:</u>
<u>Program/Scholarship Name:</u>	
	\$
	\$
	\$

<u>Employee Benevolence Fund:</u>	\$
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I understand that this contribution is tax-deductible.

<u>Total Monthly Contribution:</u>	\$
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Signature: _____ Date: _____