



**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 for:

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

<u>Scholarships:</u>	<u>Amount:</u>
Career & Technical Scholarship (CWE)	\$
CDL Scholarship	\$
EMS Scholarship	\$
First Generation in College Scholarship	\$
General Nursing Scholarship	\$
General Foundation Scholarship	\$
	\$
	\$

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

<u>Total Amount of Contribution:</u>	\$
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I understand that this contribution is tax-deductible.

Signature: _____ Date: _____