



**NORTH FLORIDA
COLLEGE**

Foundation, Inc.

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:

Programs:	Amount:
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	\$

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

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

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

Signature: _____ Date: _____