NCCC FOUNDATION EMPLOYEE PAYROLL DEDUCTION PLEDGE FORM

Home Address	Department /Division City/State/Zip tension Home Phone
	Birthday (MM/DD)
Annual Approximate Bi- Weekly <u>Giving Levels* Deduction (26 weeks)</u>	Pledge - please complete one section I pledge \$per pay period:
\$10,000 Leadership \$384.00 \$5,000 Benefactor \$193.00 \$2,500 Supporter \$97.00 \$1,000 Presidential Partner \$39.00 \$500 Blue & Gold \$20.00 \$250 Thunderwolves \$10.00 \$100 Friend \$4.00 *Annual Giving of \$100 or above are listed in the Annual Report Please check box below to designate your gift: Annual Fund (please use my gift where it's net Presidential Partners (\$1000 annually) Athletic Endowed Scholarship Distinguished Student Scholarship Distinguished Student Scholarship Endowed Scholarship Fund (indicate name of NCCC Foundation, Inc. Scholarship Veteran's Memorial Park	□ Biweekly to begin: This pledge will be deducted until I cancel it with the Foundation -or- I pledge \$ □ Biweekly for 22 pay periods to begin: -or- I pledge \$ I pledge \$
THANK YOU! Please sign below and return to: NCCC Foundation, Inc. For questions, please call: (716) 614-5910	
I hereby authorize the NCCC Payroll Dept to deduct the amount(s) above from my salary for transmittal to the NCCC Foundation	
Employee Signature	Date
Original FilePayroll	AccountantFoundation Signature
I hereby authorize the NCCC Payroll Dept to suspend the amount(s) above from my salary until further notice.	
Employee Signature	Date
Original FilePayroll	AccountantFoundation Signature