

ROCHESTER COMMUNITY AND TECHNICAL COLLEGE FOUNDATION EMPLOYEE PAYROLL DEDUCTION GIFT AUTHORIZATION FORM

YES! I want to help RCTC students by investing in critical funds for scholarships, programs and areas of greatest need.

NAME:	EMPLOYEE (PAYROLL) ID:	
STREET ADRESS:	CITY:	ZIP:
YES! I authorize RCTC to withhold the following amount from my This authorization can be revoked by me at any time in writing. Pa begins" date below unless otherwise specified. Payroll deduction	ayroll deduction gifts are in	place for one year from the "gift
\$ This gift begins:	//	(date)
Please apply my gift as follows: ☐ Academic Programs – Please specify program you wish to supp ☐ Area of greatest need ☐ Directed Funds (Programs such as the HIVE Supply, Mental He Student Supported Funds) – Please specify the fund to direct you ☐ Scholarship Program – If you wish to support an established so ☐ Other; please specify:	alth Initiatives, Yellowjacket r donation to: holarship, please specify:	: Emergency Support Fund or Other
□ I would like to make a one-time contribution of \$	(Please make o	check payable to RCTC Foundation)
signature:	DATE:	

Thank you for your investment in our students. Your TAX-DEDUCTIBLE gift is deeply appreciated.

RETURN PAYROLL DEDUCTION FORM AND ANY ONE-TIME PAYMENTS TO: