



2023 Internal Fund Drive

Employee Name: _____ Employee ID Number: _____

Name (for recognition): _____
(As you wish to be recognized in printed materials)

Giving Options:

1) PAYROLL DEDUCTION

\$ _____ x _____ = \$ _____
Deduction Number of Total
Per Pay Period of Pay Periods (26 Max)

Example: \$10.00 x 10 pay periods = \$100.00

2) CHECK, CASH, CREDIT CARD

Gift Amount: \$ _____

- Cash/Check Enclosed
- Pledge to be paid on _____
- Invoice requested on _____

LEADERSHIP GIVING:

- Above & Beyond Club**
My gift qualifies me for the Above & Beyond Club as it is equal to or greater than 1% of my annual salary.
- Legacy Club**
I/my family have included South Central College Foundation(s) in our estate plans, will and/or as a life insurance beneficiary.
- Additional Information Requested**
Please provide information about including SCC in our estate plans.

Please do not send credit card information via email.

Credit Card # _____
(Visa, MC, Discover and American Express accepted)

Exp. _____ CID# _____

Billing Zip Code: _____

Campus Designation for Giving:

_____ % North Mankato Campus Foundation
+
_____ % Faribault Campus Foundation
= **100%**

Within the foundations you may designate all or part of your gift to a specific initiative/scholarship.

Initiative _____ \$ Amount/Percentage _____

Authorization:

I agree to the amount and terms above to make my charitable contribution to one or both foundations.
I understand that mid-year changes in my payroll deduction need to be communicated with the affected foundation(s) and SCC's Payroll Department.

Signature (required) _____

Date _____

Thank you for your commitment to SCC students and programs.
Please return this form to the SCC North Mankato Campus Foundation mailbox. Questions: 507-389-7446