



South Central College
Foundation

2025 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 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

_____ % Faribault Campus

= **100%**

Within the foundation 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 South Central College Foundation.

I understand that mid-year changes in my payroll deduction need to be communicated with the SCC Foundation 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 Foundation mailbox.

Questions: 507-389-7446