



# South Central College 2019 Internal Fund Drive



South Central College North Mankato Campus Foundation and South Central College Faribault Campus Foundation offer staff and faculty members the opportunity to donate to one or both foundations.

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Name (for recognition): \_\_\_\_\_  
(As you wish to be recognized in printed materials)  I wish to remain anonymous.

### 1) Giving Options:

#### PAYROLL DEDUCTION

I wish to donate through payroll deduction.

Amount of gift: \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Deduction amt. # pay periods total  
(26 max)

ONE-TIME GIFT (All gifts must be paid in full by 6-30-20)

I am enclosing/pledging a donation for the 2019-20 year:

\$1,500 \$1,000 \$500 \$250 \$100 \$50 \$ \_\_\_\_\_  
Other Amt.

#### **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.

I would like information about including SCC in our estate plans, will and/or as a life insurance beneficiary.

### 2) Payment Options:

- Payroll Deduction
- Cash/Check Enclosed
- Pledge to be paid on \_\_\_\_/\_\_\_\_/\_\_\_\_
- Stock

Credit Card # \_\_\_\_\_  
Visa MasterCard Discover American Express  
Exp. Date \_\_\_\_ CID# \_\_\_\_ Billing Zip Code: \_\_\_\_\_

### 3) 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

### 4) 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 North Mankato or Faribault Campus Foundation mailbox.

TEAM: \_\_\_\_\_