



# Employee Payroll Deduction Donation Form

**Bates Technical College Foundation exists to support student and program success by securing resources through building community relationships and awareness.**

**Donor Information (please print or type)**

Name	
SID	
Department	
Extension	
Address	
City	
State	
ZIP Code	
Email (receipts are emailed electronically, write down preferred email address)	

**Payroll Authorization Information**

**I hereby authorize deduction of \$\_\_\_\_\_ from my pay to be sent to the Bates Technical College Foundation. For full time employees one-half of your monthly contribution will come from each paycheck. **Please begin the deduction with paycheck dated \_\_\_\_\_ (month/year), starting on the 10<sup>th</sup> or 25<sup>th</sup> (check one).** This contribution will continue until canceled or superseded in writing. The contribution will be designated for unrestricted use unless otherwise designated.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Return signed form to:** Bates Technical College Foundation, Downtown Campus Room M332. The original form will go to payroll and a copy is saved in the foundation office. To stop your deductions at any time, please contact the payroll office.