

EMPLOYEE INFORMATION

Badge ID #: _____ First Name: _____ Last Name: _____ Initial: _____

Campus Phone: _____ Email: _____@collegeforcreativestudies.edu

Home Address: _____

City: _____ State: _____ Zip: _____ Home/Cell Phone: _____

Department/Office: _____ Title: _____

GIVING INFORMATION

I AUTHORIZE THE FOLLOWING PAYROLL DEDUCTION, SUPPORTING:

Employee Scholarship Fund Annual Fund President's Scholarship Endowment

IN THE AMOUNT OF:

\$20 per pay (\$480 annually)

\$15 per pay (\$360 annually)

\$10 per pay (\$240 annually)

\$5 per pay (\$120 annually)

Or...

\$ _____ per pay x 24 = \$ _____ annually

One-time payroll gift of \$ _____

ENDING:

Ongoing (no scheduled end-date, can be changed at any time)

Ending on ____/____/____
MM DD YYYY

Signature: _____ Date: _____

Please forward completed forms to Institutional Advancement (Ford Campus). Your tax-deductible contributions will begin on the 15th of the following month. For questions, please contact **Anthony Spangler** at 313-664-7462 or aspangler@collegeforcreativestudies.edu