



COLLEGE OF THE SISKIYOU'S FOUNDATION, 800 COLLEGE AVENUE, WEED, CA 96094

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Email: foundation@siskiyous.edu Web: www.siskiyous.edu/foundation/

Employee Payroll Deduction Form

I authorize College of the Siskiyous to deduct from my regular salary the amount of \$_____ per month and transmit these deductions to the COS Foundation. Please designate my gift to the following:

- General Fund Student Emergency Fund Eagle Booster Club (COS Athletics)
- Siskiyou Promise Scholarship of Choice (specify) _____

Or state your preferred designation here: _____

This authorization shall remain in effect until modified in writing by the undersigned.

Print Name: _____ COS S Number: _____ Social Security #: _____

Signed: _____ Date: _____

Preferred Mailing Address: _____

Thank you for your support of COS and Students!

- Yes, I give permission for the COS Foundation to use my name as a contributor.
- No, I prefer my name remain confidential.

***Donations are tax-deductible and you will receive a contribution statement at the year-end.*

****Please return completed form to Kelly Groppi in the COS Human Resources Office. Once processed, you will be provided a copy for your own records.*