Edmonds Community College Foundation
Employee in Need Emergency Assistance
PAYROLL DEDUCTION FORM

Phone: (425) 640-1274
Campus Location: Gateway 310
Web: www.edcc.edu/foundation

EMPLOYEE INFORMATION

NAME _____ **EMPLOYEE ID** _____

PHONE _____ **EMAIL** _____

DIVISION _____ **COLLEGE MAIL STOP** _____

DEPARTMENT _____

EMPLOYEE TYPE: ◯ FT STAFF ◯ PT STAFF ◯ FT FACULTY ◯ PT FACULTY

EMPLOYEE GIFT

PAYROLL DEDUCTION

☐ I WISH TO CONTRIBUTE $ _____ EACH PAY PERIOD BEGINNING _____.
I understand that this deduction will continue until I notify the Foundation of a change.

ONE-TIME PAYMENT

☐ I WISH TO MAKE A ONE-TIME CONTRIBUTION IN THE AMOUNT OF $ _____.

☐ CHECK/CASH ENCLOSED.

☐ PAYMENT TO BE MADE VIA FOUNDATION'S SECURE WEBSITE (https://give.edcc.edu/)
Please write "Employees in Need Fund" in the Donation Notes field

☐ I WOULD LIKE MORE INFORMATION ON: ___ President's Club ___ Named Scholarships

___ Heritage Society ___ Volunteer opportunities

☐ I AM A NEW CONTRIBUTOR

☐ I AM A RETURNING CONTRIBUTOR

MATCHING GIFT PROGRAM

☐ MY SPOUSE OR I WORK FOR A MATCHING GIFT COMPANY. I HAVE ENCLOSED THE MATCHING GIFT FORM. *If you are not sure whether your gift can be matched, contact the Foundation at x1274 for more information.*

EMPLOYEE SIGNATURE

EMPLOYEE SIGNATURE _____ **DATE** _____

RETURN COMPLETED FORM TO THE FOUNDATION OFFICE – Gateway 310