

**I. Payroll Deduction Donor Information**

Name (first middle last, maiden) \_\_\_\_\_

Employee ID# \_\_\_\_\_

Title/Position \_\_\_\_\_

Campus Phone \_\_\_\_\_

Campus E-mail \_\_\_\_\_

I am  Faculty  Career  Professional  Administrative

I am a graduate of FSCJ:  Yes  No

**II. Payroll Deduction Gift Designation**

College's Greatest Need  Employee Endowed Scholarship Fund

Other \_\_\_\_\_

*You may designate your gift to a specific scholarship, school, campus, department, program, etc. Need help selecting a designation for your gift? Visit [www.fscjFoundation.org](http://www.fscjFoundation.org).*

I benefit from and/or control the account to which these funds will be contributed:  Yes  No

*NOTE: Contributions are tax-deductible only if the donor receives nothing significant or tangible in return. Contributions are not tax-deductible if donor retains control of, or benefits from, the donated funds.*

*Examples include: department chair contributing to the department's account; or employee serving on the scholarship selection committee for a scholarship account to which he/she has donated. Please refer to IRS Publication 526 or consult a tax advisor for more information.*

**III. Payroll Deduction Estimator**

Annual Gift Amount	\$50.00	\$100.00	\$250.00	\$500.00	\$1,000.00	\$5,000.00
24 Pay Periods	\$ 2.08	\$ 4.17	\$ 10.42	\$ 20.83	\$ 41.67	\$ 208.33

*Actual deductions per period may vary slightly to realize Annual Gift Amount.*

**IV. Payroll Deduction Authorization**

Annual Gift Amount \$ \_\_\_\_\_

Amount Per Pay Period \$ \_\_\_\_\_

Date of First Payroll Deduction: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

One-Time Gift

Deduct Until Further Notice

Deduct Until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Deduct Until \$ \_\_\_\_\_

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

I hereby authorize and request the Florida State College at Jacksonville (FSCJ) Payroll Office to deduct the amount(s) designated above from my paycheck each pay period, and to remit the withheld amount(s) to the FSCJ Foundation. This authorization will continue in effect until the time/amount I designated, until I submit written notice of cancellation to the Payroll Office and FSCJ Foundation, or until termination of my employment with FSCJ.

This is a new payroll deduction:  Yes  No

*If "Yes" this will replace and supersede previous payroll deductions.*