PENINSULA COLLEGI		EMPLOYEE GIVING REQUEST / CHANGE FORM	
	KEQUI		
	or to stop or ch The Foundation sends ackno	ritable contribution to Peninsula College Foundation, ange your current ongoing contribution. wledgements of ongoing contributions for the total year January 1st (for tax purposes).	
Name:	SID #:		
Work Phone:	Emai	1:	
This is a: 🔲 New Contribution	Change to Ongoing Cont	ribution ☐ Cancelation of Ongoing Contribution May we contact you to ask why? □Yes □No	
<u>Option 1:</u> Payroll Deduction*	Amount per pay period:	\$	
		at please increase/decrease my gift to: \$ continue until cancellation is received.	
Option 2: Credit Card**	One-time donation: \$		
	Monthly donation of: \$		
	**Contact the Foundatio to arrange one-time or		
	\$ vle to <u>Peninsula College Fou</u> ddress:	undation is enclosed.	
Giving Choices			
☐ "ForPC, Forward" Endowment C ☐ General Scholarship/Grant Fund ☐ Program Support	Campaign 🛛 🗖 Area of Gr	eatest Need	
0 11		garding giving opportunities, or if you would	
□ I would like my donation listed a	ns (i.e. The Smith Family, Joe	Smith, Jane and Joe Smith):	
□ I would like my donation to remain	ain anonymous.		
Signature:	Date:		
Please submit this form to the Foundat	ion office (C104), put in campu	y prior contribution instructions. 5 mailbox A13, or email to foundation@pencol.edu. <u>dation@pencol.edu</u> for assistance.	
FOR OFFICE USE ONLY: Payro	ll Signature	Date	
Found	dation Signature	Date	