



Employee Donation Form

Name: _____

Home Address: _____

City, State, Zip: _____ Primary Phone: _____

Date of Birth (mm/dd): _____ Email: _____

I prefer to remain anonymous.

CAMPUS: _____ Faculty Staff Full-Time Part-Time Temporary

I am a proud HCC Alumnus. Dates attended _____ to _____. Program _____.

SELECT YOUR PAYMENT METHOD:

• PAYROLL DEDUCTION

___ \$40 per pay period

___ \$20 per pay period

___ \$10 per pay period

___ \$5 per pay period

Other: \$___ per pay period

• CASH OR CHECK

___ \$1,000

___ \$500

___ \$250

___ \$100

___ \$50

• CREDIT CARD

Visit hccfoundation.com/employee-giving/ to make a secure gift.

DIRECT YOUR GIFT:

Area of Greatest Need

HCC Endowed Scholarship Fund

Other _____

FOR PAYROLL DEDUCTION ONLY:

I hereby authorize HCC to make this payroll deduction. Deductions will begin the first payroll period after this form is received by the Foundation. I understand that deductions will continue until I instruct the HCC Foundation otherwise.

Employee #: _____ Employee Signature: _____ Date: _____

www.hccfoundation.com • Questions? Contact us at (813) 253-7114. Please return this completed form to:
HCC Foundation, 4115 N. Lois Avenue, #308, Tampa, FL 33614 or through Interoffice Mail, GWSC #308