

## Payroll Deduction Authorization

Employee \_\_\_\_\_ College Phone Ext. \_\_\_\_\_  
Employee No. \_\_\_\_\_ College Mail Stop \_\_\_\_\_

I want to help students at Highline. I'd like to contribute to the following area(s):

**Highline's Greatest Need**

\_\_\_\_\_  
(Amount)

**Scholarship Support**

\_\_\_\_\_  
(Designate)

**Program Support**

\_\_\_\_\_  
(Designate)

Please indicate specific program, department, activity, or student organization.

**Student Emergency Assistance Funds**

- \_\_\_\_\_ ABE/ESL
- \_\_\_\_\_ COVID-19 Student Support
- \_\_\_\_\_ General Student
- \_\_\_\_\_ Women's Programs
- \_\_\_\_\_ Undocumented Student

**Endowment Funds**

- \_\_\_\_\_ Exceptional Faculty Award
- \_\_\_\_\_ General Scholarship
- \_\_\_\_\_ Marine Science & Technology Center (MaST)
- \_\_\_\_\_ WPEA Scholarships

**Here's how much I'd like to contribute:**

I hereby authorize a deduction of \$\_\_\_\_\_ per month (\$\_\_\_\_\_ per pay period) or a one-time deduction of \$\_\_\_\_\_ to be forwarded to the Highline College Foundation beginning with my check dated \_\_\_\_\_ and continuing until cancelled or superseded in writing by me. Minimum donation is \$10 a month.

**Thank you for your generosity.**

For your tax records, you will receive a receipt at the end of the year from the Foundation showing your annual deducted contributions. Questions? Call (206) 592-3774 or (206) 592-3705.

I want to stop an existing Payroll Deduction.

Please return to: HC Foundation (MS CV-3) or send to [foundation@highline.edu](mailto:foundation@highline.edu).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_