

COLORADO COLLEGE

Payroll Deduction Authorization

Name (please print): _____ Employee ID: _____

Donation Details	
Annual Fund:	\$ _____
Other designation:	\$ _____ [Fund name: _____]
Other designation:	\$ _____ [Fund name: _____]
Total:	\$ _____
Pay Period Details	
Total amount per pay period:	Number of pay periods (usually 24):
\$ _____	_____

I hereby authorize The Colorado College to withhold a portion of my paycheck each pay period as shown above, effective (first deduction): _____

Signed _____ Date _____

Forms must be received at least two weeks before the effective date, and should be turned in to Advancement Services. We'll forward a copy to Payroll.

Thank you for your continued support of Colorado College!