



Employee Giving Program - Payroll Deduction Authorization Form

YES! I want to *GIVE OPPORTUNITY* to our students!

Name _____

Home Address _____

City _____ State _____ Zip _____

Email _____ Social Security # (last four digits) _____

☐ I want to remain anonymous.

Please add my gift to _____ at _____

If other, please specify. _____

Amount per pay period \$ _____ (\$1.00 minimum)

Number of pay periods ☐ 26 ☐ 24 ☐ 20 ☐ Other

My TOTAL Annual Gift \$

I authorize CCSNH to send the above amount to The Foundation for NH Community Colleges. This authorization remains in effect for pay periods in 2026 unless I provide written notice of cancellation to The Foundation.

Signature _____ Date _____

Please return this completed form to:

Lisa Clark, Development Coordinator
The Foundation for NH Community Colleges
26 College Drive, Concord NH 03301
603.230.3520
lclark@ccsnh.edu

The Foundation is a 501(c)(3) non-profit organization benefiting NH's seven community colleges.
Contributions are tax-deductible to the fullest extent permitted by law.

THANK YOU FOR YOUR PARTICIPATION AND SUPPORT!