



Employee Giving Form

Yes, I would like to support the mission of Shawnee Community College

Please Print:

Employee Name: _____ ID# _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Employee Signature: _____

Payroll Deduction Authorization (remains in effect until employee request stoppage)

I authorize SCC to deduct from my wages semi-monthly amount **\$10 \$20 \$30 \$40 \$50**
(Circle one)

Other Amount: _____

Please indicate how you prefer your gift be directed. You may divide it among as many as you choose:

\$		General Contribution
\$		Saints Foundation Challenge Scholarship
\$		Bernie's Place
\$		Saints Care Fund (formerly, Student Emergency Fund)

One Time Donation

Please accept my one-time donation cash/check gift enclosed for the amount of: \$ _____
(Make checks payable to the Saints Foundation)

Donate Online

Please go to: <https://shawneecc.edu/foundation>

For confidentiality, please return giving form in an envelope to:	
Saints Foundation 8364 Shawnee College Rd Ullin, IL 62992	Or Campus Mailbox/Shane Bennett
Thank you for your generous support of Shawnee Community College!	
To request stoppage of any payroll deduction, please email saintsfoundation@shawneecc.edu	