2023-2024 Faculty & Staff Campaign

Payroll Deduction Form



Broward College FoundationINTERCAMPUS MAIL: WHC/BLDG. 33/RM. 1127
111 East Las Olas Blvd., 11th Floor
Fort Lauderdale, FL 33301

Questions? Please call 954-201-7649 or e-mail kcrawfor@broward.edu



Phone: 954-201-7414 Fax: 954-201-7333 www.broward.edu/foundation

Note: Required fields are designated by*

Contact Information

Employee ID* Title First Name* Last Name*

Campus Bldg/Room Campus Address Campus E-mail Campus Ext

Home Address City State Zip

Home Phone Home E-mail

Have you ever attended Broward College?* Yes No

Payroll Deduction Information

Payroll Deduction Start Date (mm/dd/yyyy)*

Type*

This is a **new** payroll deduction.

Replace my existing payroll deduction.

In addition to my existing payroll deduction, please **add** another contribution.

Please designate your gift*

American Dream Scholarship

First Generation in College Scholarship

Other

Deduction Amount Per Paycheck*

\$5 (\$120 annually) **\$42** (\$1,008 annually)

\$10 (\$240 annually) Other amount**

\$21 (\$504 annually)

I hereby authorize that my contribution to the Broward College Foundation be deducted from my paycheck. This authorization will remain in effect until canceled by me or by payroll. I certify that I am an employee of Broward College and understand that termination of employment will cancel deductions made under this authorization.

Date Employee Signature

The Broward College Foundation is incorporated under the laws of the State of Florida as a non-profit organization and is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, and as a publicly supported charitable organization under Sections 509(a)(1) and 170(b)(1)(A)(vi). Please consult your financial advisor for guidance relative to the deductibility of contributions made to the foundation.

Thank you! When we are all in, we all win!

INTERNAL USE ONLY: Increase/decrease by \$______per paycheck for ______Batch