



SCS GIFT PAYROLL DEDUCTION PLEDGE FORM

7000 Ocean Drive
Corpus Christi, TX 78412

DONOR INFORMATION

Name	Email Address
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FUND(S) I WISH TO SUPPORT

I wish to support the following fund(s) via payroll deduction to SCS with the amount marked. (Deductions must be at least \$1.00 per paycheck per fund.)

Fund Supported	Deduction Amount (per paycheck)	Annual Total
<input type="checkbox"/> Bridge Builders Scholarship For students chosen by SCS staff and faculty.	\$ _____ X 24 paychecks =	\$ _____

DURATION OF GIFT PAYROLL DEDUCTION PLEDGE (MUST BE FOR A MINIMUM OF ONE QUARTER OR SIX PAYCHECKS)

Indefinite (Automatic Annual Renewal; default)
Please renew my pledge automatically each year until I instruct you otherwise.

Contact Me When It's Time to Renew.
At that time, I will advise you regarding changes or termination. If I do not respond, you may renew my pledge for another year.

SIGNATURE OF DONOR

Signature _____ Date: _____

Please return this form to the SCS Business Office.