



Bucks County Community College

Payroll Deduction Authorization

Name _____ Dept. _____ Work Phone _____

Home address _____ City _____ State _____ Zip _____

E-mail address _____

I wish to pledge \$ _____ per pay period. Total \$ _____ per year.

Please check one: continuously date ending _____

Direct my gift to: the area of most urgent need other (please specify) _____

I would like more information about endowments and planned gifts.

I have included BCCC in my estate plans.

I hereby authorize a payroll deduction as stated above.

Signature _____ Date _____ S.S.# _____

Forward to: Bucks County Community College Foundation, Tyler Hall-Room 224. Retain pink copy for your records. Thank you for your support of our College.