



# Payroll Deduction

---

**First** **Middle** **Last**

---

**Home address** **City, State and Zip**

---

**E-Mail** **Phone**

---

My total gift will be \$ \_\_\_\_\_

Payroll deduction amount: \$ \_\_\_\_\_ per pay period

---

Indicate how you would like your gift distributed.

Annual Fund     Other: \_\_\_\_\_

Scholarship Fund, name of Scholarship: \_\_\_\_\_

---

Please sign below **(REQUIRED)**

I hereby authorize the HCC Payroll and State of CT comptroller to deduct my gift to the GCC Foundation as I have indicated above.

---

**Signature** **Date**

---

---

**Print your name as you would like to be listed in the Annual Report**

Check here if you would like your donation to remain anonymous.

*Thank you for your support!*

All gifts made in support of Housatonic Community College Foundation are administered by the Housatonic Community College Foundation, Inc. and are tax-deductible to the extent allowed by law.

---

**Return this form in person or via inter-office mail to the HCCF Office, Beacon Hall Room BH-286**