



Employee Giving Donation Form

Date _____

Employee Name _____ Employee PID# _____

Address _____

City _____ Zip _____ Phone _____

Preferred E-Mail _____

Please check one:

- Please designate my gift to benefit the greatest need of students and/or faculty and staff as identified by College and Foundation leadership.
- I would like to designate my gift to _____.
(Examples include: designated scholarships, programs, technology and facilities.)

Please check one:

- I would like to make a perpetual gift while I am employed with Polk State College. I would like to pledge \$ _____ monthly.
- I would like to pledge \$ _____ to be made payable over a year's time. I will pay:
___ Monthly ___ Quarterly ___ Other _____
- I would like to make a one time gift of \$ _____.

My preferred payment method is:

___ Payroll Deduction – Donations will be deducted starting with the first payroll period after the pledge card is received.

___ I have enclosed a check – Please make check payable to Polk State College Foundation.

___ Please bill me.

___ Please charge my credit card. Visa Master Card Discover

Card Number _____

Security Code (last 3 digits in signature line) _____ Exp. Date _____

Name on Card _____

Signature _____

Please Type Full Name Above

*For your convenience, you may also make your donation online at
<https://foundation.polk.edu/donate-now/>*

Polk State College Foundation | 999 Avenue H, Northeast | Winter Haven, FL 33881
Inter-office mail: Station #22

863.297.1051 | <http://foundation.polk.edu/>