

## EMPLOYEE INFORMATION

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Badge ID #: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Email: \_\_\_\_\_@collegeforcreativestudies.edu

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Department/Office: \_\_\_\_\_ Title: \_\_\_\_\_

## GIVING INFORMATION

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I AUTHORIZE THE FOLLOWING PAYROLL DEDUCTION, SUPPORTING:

Employee Scholarship Fund  Annual Fund  Alumni Scholarship Fund  Other: \_\_\_\_\_

IN THE AMOUNT OF:

\$20 per pay (\$480 annually)

\$15 per pay (\$360 annually)

\$10 per pay (\$240 annually)

\$5 per pay (\$120 annually)

Or...

\$ \_\_\_\_\_ per pay x 24 = \$ \_\_\_\_\_ annually

One-time payroll gift of \$ \_\_\_\_\_

ENDING:

Ongoing (no scheduled end-date, can be changed at any time)

Ending on \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward completed forms to Institutional Advancement (Ford Campus). Your tax-deductible contributions will begin on the 15<sup>th</sup> of the following month. For questions, please contact **Anthony Spangler** at 313-664-7462 or [aspangler@collegeforcreativestudies.edu](mailto:aspangler@collegeforcreativestudies.edu)