



FORT LEWIS COLLEGE FOUNDATION

1000 Rim Drive
Durango, CO 81301
(970) 247-7425
(970) 247-7175 (fax)

FLC PAYROLL DEDUCTION AUTHORIZATION

Date Submitted: _____

Name: _____

FLC Faculty/Staff Identification Number _____

Total Pledge: _____

Duration of pledge: _____ (MINIMUM of 6 biweekly payroll periods)

Biweekly Deduction-24 pay periods per year: _____

Deduction Start Date: _____

I request my pledge to be credited to: _____
Fund Designation

Signature: _____

Date Signed: _____

Thank You!

*Your contribution is tax deductible to the full extent allowed by law.
Payroll Deduction Forms received by the 14th of the month will be effective that month.*

Office Use Only

Pledge #: _____
Start Date: _____
Campaign: _____
Designation: _____
Date Entered: _____
Entered by: _____

Gift Solicited by: _____
Date: _____
Phone: _____