

LCC Faculty & Staff Commitment Form

Name: _____

Home Address: _____

Email: _____

Phone: _____

Thank you for your participation!



Let's Go!

Let's Grow!



Making a Difference Together!

Let's Go! Let's Grow!

Making a Difference Together!

We value YOUR participation and know that together we can create a brighter future for our students through excellence in education. Please join the LCC Foundation in "Building Healthy Futures" for our students and community by investing in four strategic initiatives:

- **College Success Fund**
- **Student Success Fund**
- **Athletic Excellence Fund**
- **Health & Science Programs Fund**

The LCC Foundation has provided nearly \$900,000 annually in scholarships to students and program support to the college. The foundation's strategic initiatives are a critical piece of LCC's student success mission.

If you haven't already, we challenge you to "GO" with us by making a financial gift to the LCC Foundation.

As thanks, you will receive your Red Devil "Angel Wings" pin and t-shirt to wear proudly in show of your support.

If you are already giving, we challenge you to "GROW" with us by increasing your current giving.

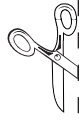
As a thanks for choosing to "GROW" your giving, you will receive a small planter of "seeds" as a reminder of your support.

A Community of Giving

On-going or one-time donations can be made through:

- Payroll deduction (see attached form)
- Online at lowercolumbia.edu/foundation
- In person at the Foundation office in the Administration Building
- By mail: LCCF, 1600 Maple Street, Longview, WA 98632

All gifts are tax deductible.



YES, you can count on my support!

My annual contribution is designated for: *(check all boxes that apply)*

- | | |
|---|---|
| <input type="checkbox"/> College Success Fund | <input type="checkbox"/> Health & Science Programs Fund |
| <input type="checkbox"/> Student Success Fund | <input type="checkbox"/> Area of Greatest Need |
| <input type="checkbox"/> Athletics Success Fund | <input type="checkbox"/> Other _____ |

PAYMENT OPTIONS

Payroll Deduction

Name

Employee ID number

Deduction Start Date

This is a:

- NEW Authorization - I'm Ready to "GO"
- Amended Authorization - I'm Ready to "GROW"

The total deduction amount per pay period shall be: \$ _____

I authorize the Lower Columbia College Payroll office to make the above payroll deduction. This deduction will continue until amended or cancelled by the employee through submission of an amended payroll authorization form.

Employee Signature

Date

Cash/Check/Credit Card Payment

- I wish to make a one-time gift of \$ _____
- I wish to make a pledge of \$ _____

Please invoice me Quarterly Annually

Cash, check or credit card payments can be made at Foundation Office in the Administration Building; or by mail to: 1600 Maple Street, Longview, WA 98632 (Please make check payable to LCC Foundation)

Please recognize me as _____
in acknowledgements and publications

For more information please visit: lowercolumbia.edu/foundation

Please complete the information on the back of this form for tax purposes.