



**North Florida College Foundation  
Annual Employee Payroll Deduction Authorization**

Name: \_\_\_\_\_

I wish to make a contribution to the NFC Foundation, Inc. by payroll deduction.

Please withhold from my paycheck the amount of \$ \_\_\_\_\_ monthly.

Effective date to begin the payroll deduction: \_\_\_\_\_.

Please note that this contribution is for the Foundation unrestricted fund: \_\_\_\_\_ Yes

Or

Please note that this contribution is for the scholarship(s) marked below: \_\_\_\_\_ Yes

- \_\_\_\_\_ Artist Series
- \_\_\_\_\_ First Generation in College Scholarship
- \_\_\_\_\_ General Scholarship
- \_\_\_\_\_ General Nursing Scholarship
- \_\_\_\_\_ Minority Scholarship

I understand that this contribution is Tax-deductible.

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