

THE OPEN PETAL SOCIETY
JCCC Employee Contribution Program



The Johnson County Community College Foundation greatly appreciates your participation in the JCCC Employee Contribution Program. Please fill out this form and return it to the **JCCC Foundation in Carlsen Center 207, Box 25**. If you have any questions, please feel free to call us at 913-469-3835.

I would like to donate through Payroll Deduction.
I hereby authorize Johnson County Community College to deduct a total of \$_____ per paycheck. Effective date _____.
Direct my gift to the general student scholarship fund or I would like to direct my gift to the following fund(s):

I would like to CHANGE my current Payroll Deduction.
I hereby authorize Johnson County Community College to deduct a total of \$_____ per paycheck. Effective date _____.
Direct my gift to the general student scholarship fund or I would like to direct my gift to the following fund(s):

I would like to make a one-time contribution in the amount of \$_____.
Direct my gift to the general student scholarship fund or I would like to direct my gift to the following fund(s):

Donor Name _____ JCCC ID Number _____

Street Address _____ City _____ State _____ ZIP Code _____

College Info: Room Number _____ Box Number _____ Extension _____

Position Title _____ Email Address _____

Check those that apply: FT-Salary FT-Hourly FT-Faculty Adjunct / PT

Department/Division _____

Donor Signature _____ Date _____

The JCCC Foundation thanks you for your support!