



**The Foundation**  
Walla Walla Community College

**WWCC G.E.M.s**  
*Employees who – Give. Every. Month.*

Employee Name \_\_\_\_\_

Home Email \_\_\_\_\_

Home Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**~ Payroll Deduction ~**

I authorize PAYROLL to withdraw the following amount from each paycheck:

\$5       \$10       \$25      Surprise Us!  \$ \_\_\_\_\_

Duration of Deduction:  Until personal notification

Employee ID \_\_\_\_\_

Signature \_\_\_\_\_

**~ One-Time Contribution Options ~**

**Enclosed is my CHECK or CASH** in the amount of \$ \_\_\_\_\_  
*(Checks made payable to the WWCC Foundation)*

**Please charge my:**  Visa     MasterCard     American Express     Discover

In the amount of \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**Secure online donations** may be made at the WWCC Foundation website:  
[www.wwcc.edu/foundation](http://www.wwcc.edu/foundation)

**Please Direct My Gift To**

Warrior Resources food pantry

Area of greatest need

Direct student support (Scholarships and Emergency Assistance)

Other: \_\_\_\_\_

**Thank you for your generous contribution to the WWCC G.E.M.s Campaign!**  
**Please return completed forms to the Foundation Office.**