



Western Nevada College

FOUNDATION

~ Choose to make a difference ~

Employee Pledge Form

Name: _____

Email: _____

Address: _____

Phone Number: _____

Pledge Information

I pledge \$_____ to be paid: Now Monthly Ongoing

Note: Monthly payroll deductions will continue unless you specify an end date.

I would like to my pledge to be discontinued by this date: _____

I plan to make this contribution in the form of: Cash Check Credit Card Payroll Deduction

Credit Card Type | Exp. Date: _____

Credit Card Number: _____

Authorized Signature: _____

Desired Pledge Destination

Jump Start College Program President's Fund for Excellence

Need Based Foundation Scholarship Institutional Sustainability

Other: _____

I wish to have my gift remain anonymous.

Signature

Date

Please make checks, or other gifts payable to:

Western Nevada College Foundation