



Faculty and Staff Donation Form

Name: _____

Office Number: _____

E-mail Address: _____

Home Address: _____

I would like to **contribute** to the Navarro College Foundation. I am authorizing a monthly deduct in the amount of \$_____. This will be deducted from my paycheck automatically. This will continue until I notify payroll in writing otherwise.

I would like to **increase** the amount of my contribution to \$_____ toward the NC Foundation. This will be deducted from my paycheck automatically. This will continue until I notify payroll in writing otherwise.

I will make a **Yearly/One Time Gift** contribution of \$_____ to the NC Foundation. Check is attached/will follow. Make check payable to Navarro College Foundation. I would like to be reminded again next year.

Please direct my contribution to one of the following:

- Alumni Association
- Teaching Innovation Award Program
- Dr. Larry Weaver, Navarro College Faculty & Employee Scholarship Fund
- General Scholarship Fund

Signature: _____ Date: _____

All donations are kept confidential. Please return to Emily Jackson in room AB 122, Office of the Navarro College Foundation, Alumni Association & Scholarships. A copy will be sent to the Payroll for processing.

As you are aware, your contribution is tax deductible. In compliance with Federal Law, the Navarro College Foundation, Inc. acknowledges that you have received no goods or services in return for this gift.

Did you know that at anytime you can send a donation *in memory of* or *in honor of* a special someone? A card is sent to the family or person requested, so they will know a gift was sent by you on their behalf. For more information you can call Emily Jackson at 903-875-7580.