

I hereby authorize the Payroll Department of Oakland Community College to deduct from my wages my tax-deductible donation to the Oakland Community College Foundation in the following amount each pay period (minimum of \$10 per pay period):

EMPLOYEE NAME (TYPE OR PR	INT)		
\$AMOUNT PER PAY		CC EMPLOYEE NUMBER	OCC CAMPUS/WORKSITE
CHOOSE ONE OF THE F	FOLLOWING OPTIONS:		
Continue my donations (deductions) until further notice		Limit my donation to	number of pay periods (minimum of 26).
PURPOSE OF GIFT:			
Greatest need	Specific Scholarship or Fund		
Tribute gift: In memory of		In honor of	
EMPLOYEE GROUP:			
Administration	Classified	Faculty	Maintenance
Management Staff	Operating Engineers	Public Safety	
EMPLOYEE SIGNATURE			DATE

Please email completed, signed form to the OCC Foundation at **occfoundation@oaklandcc.edu**. If you have questions, please contact the OCC Foundation via email or at 248.341.2137.