



Hinds Community College Foundation
Employee Payroll Deduction Giving Form

Name: _____

Work Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Department: _____ Location: _____

College ID # _____ Email address: _____

I wish to give \$ _____ each month for _____ months as a payroll deduction.
(Minimum of \$10 per month with a maximum of 12 months)

Signature _____ Date: _____

I would like to support Hinds Community College with my gift for:

____ HCC Centennial Fund

____ Other (please specify) _____

I am a Hinds alumni ____ yes ____ no Last semester/year attended _____

Campus attended: _____

Please return this form to HCC Foundation, P. O. Box 1100, Raymond, MS 39154.
Attention: Kathy Price

Foundation Representatives Approval: _____ Date: _____

