



2023-2024 Employee Giving Donation Form Payroll Deduction & One-Time Donations

COMPLETE AND RETURN TO YOUR SUPERVISOR BY NOV. 10, 2023

☐ **YES!** I want to support CCISD students and educators by supporting CCEF!

DONOR INFORMATION

Employee ID: _____ Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. Suffix: ☐ Sr. ☐ Jr. ☐ _____

*Five-Digit Number on pay stub, to the right of employee name: "EMP ID: XXXXX"

First Name: _____ MI: _____ Last Name: _____

CCISD Campus or Department: _____

Home Mailing Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Mobile: _____

Email Address (Print Clearly): _____

I want to help by:

Recurring PAYROLL DEDUCTION

Deductions are semi-monthly and will begin December 15, 2023 through August 31, 2024 for a total of 18 payroll deductions.

- ☐ \$2.50 per pay period
☐ \$5.00 per pay period
☐ \$10.00 per pay period
☐ Other amount: \$ _____ per pay period

REQUIRED: By signing below, I authorize CCISD Payroll to make contributions via payroll deduction as indicated above. I understand that I can contact CCISD Payroll to adjust or cancel contributions at any time.

SIGNATURE: _____ DATE: _____

One-time donation by check

I have **ATTACHED** a check or money order, payable to

Corpus Christi Education Foundation, for: \$ _____

NO CASH, PLEASE - CCISD cannot accept cash contributions.

Online Donation

I made an online donation at www.ccef-ccisd.org

(click "Donations" at top) in the amount of: \$ _____

Employees are never expected nor required to make a contribution. Participation is strictly voluntary.