

**Eastern Wyoming College Foundation**  
Employee Payroll Deduction Authorization

**Thank you for supporting Eastern Wyoming College and our students!** Please complete this form to authorize a one-time or monthly payroll deduction to the EWC Foundation.

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**Employee Information**

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Donation Details**

**Type of Deduction (choose one):**

- ☐ **One-Time** – Deduct \$\_\_\_\_\_ from my paycheck dated: \_\_\_\_\_  
☐ **Monthly** – Deduct \$\_\_\_\_\_ per month beginning: \_\_\_\_\_ ending: \_\_\_\_\_

**Purpose of Donation (choose one):**

- ☐ **General (Unrestricted)** – Support the greatest needs of EWC Foundation  
☐ **EWC Employee Scholarship** – EWC employees have joined together to create an endowed scholarship that will help students for generations to come. By adding your support, you can grow this fund and open more doors for students to pursue their education at EWC.  
☐ **Capital Campaign:** Rodeo and Livestock Facilities – Torrington Campus  
☐ **Capital Campaign:** Construction Technology Facility – Douglas Campus

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**Payroll Deduction Authorization**

I hereby authorize Eastern Wyoming College to deduct the amount indicated above from my paycheck according to the schedule selected. I understand this authorization will remain in effect until the end date listed above or until I submit written notice to the Payroll Office to change or cancel my deduction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Payroll Use Only**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Frequency: \_\_\_\_\_  
Processed by: \_\_\_\_\_ Date: \_\_\_\_\_