

Pierpont Foundation, Inc Advanced Technology Center. 500 Galliher Drive Fairmont, WV 26554 304-247-9835

Employee Payroll Deduction Form

Contact Informate Employee Name:	tion
Mailing Address:	
Department:	Phone:
the following:	our gift across multiple areas by indicating dollar amounts below. My gift will support
\$	to Student Hardship Fund
\$	to Pierpont C&TC Fund (unrestricted)
\$	to Other (specify):
to change or stop	Total Per Pay Period - This shall renew annually until you notify the Pierpont Foundation of the payroll deduction. _ per pay period spread over pay periods for a total gift of \$
-	Yes, update my existing commitment. This enrollment superseded any prior commitments. No, this is a new commitment Add to current payroll deduction.
•	e Pierpont Foundation-PCTC to deduct the total amount indicated in the Gift on from my check each pay period to support the designated PC&TC program(s).
Employee signati	ure: Date: