



**ANNUAL FUND DRIVE
EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION**

I hereby authorize North Arkansas College Payroll to make the following payroll deduction(s) from my employment pay and remit to North Arkansas College Foundation, Inc., 1515 Pioneer Drive, Harrison, AR 72601.

Please note there is a \$2.00 minimum donation per pay period.

[] Deduct a **one-time amount** of \$ _____

[] Deduct a grand total of \$ _____ **via equal installments** deducted from each of the remaining pay periods through **June 30, 2011**. (NOTE – Please check with the Payroll Office for the number of remaining pay periods in the current fiscal year.)

Name _____ SS# _____

Mailing Address _____

City _____ Zip _____

Signature _____ Date ____/____/____

I would like my donation to be used:

- Where the need is greatest at Northark
- In support of _____ at North Arkansas College.
- As a memorial for _____

Please forward the completed authorization form to the Office of Institutional Advancement.