



Employee Payroll Giving Form

**RETURN TO
PAYROLL
INTEROFFICE MAIL
Rm # SW01-3303**

Contact Information

First Name _____ Last Name _____
Address _____ City _____
Province _____ Postal Code _____ Phone _____ Email _____
BCIT Department _____ Position _____ BCIT ID# A00 _____

Donation

Option 1 – Payroll

- I wish to give through payroll deduction. I authorize BCIT to deduct the following amount _____
 Bi-weekly
 \$20 \$40 \$80 \$100 \$_____ (other)

Option 2 – Make a one-time gift of:

- \$100 \$250 \$500 \$_____ (other)

I would like my gift to support

- Students in Need BCIT Alumni Association Endowment
 Greatest Need Other _____

*Please contact the Foundation to discuss other areas you are interested in supporting **604.432.8803**.

Your payroll contribution may be cancelled at any time by calling Payroll **604-432-8823**

Signature

Please authorize your gift(s) by signing here:

Signature Date

Please send your one time employee contribution cheque to the Foundation or your completed employee payroll giving form via interoffice mail to Payroll Rm # SW01-3393. For personal and confidential pick up, call the Foundation Office at **604.432.8803**.

Your donation towards the employee giving program is instrumental in helping remove financial barriers for our students and support our faculty and staff provide the best educational experience for our students.

BCIT is known to be a tough, high caliber school and I am proud to call myself one of its students. Thank you again for acknowledging my need for financial help and providing me with a bursary that is more than I imagined I would ever receive!

– Alexandra, Radiation Therapy Program

Thank You for Making a Difference at BCIT