

Thank you for helping to make a difference in the lives of CSN students through the Employee Giving Program.

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Employee Last Name		First Name	MI	NSHE ID #		
Home Address		City	State	Zip		
Campus Extension Mobi	le Phone	CSN Dept.	CSN Email			
WAYS TO GIVE: Select y	our preferred gift	method. Minimum mont	hly gift of \$25.			
MONTHLY GIFT – PAYROLL	DEDUCTION					
This is a new payroll deduction.			This is a change to my current payroll deduction.			
DESIGNATION: You may	contribute to mo	ore than one scholarship c	or program. Select the	area(s) where your gift will be directed.		
Area of Greatest Need		Student Emerg	ency Fund	Athletics		
CSN Foundation Opportunity Fund		Coyote Cupboard		Annual Scholarships (<u>see website list</u> https://bit.ly/csnf-scholarships		
Scholarship Name:						
Establish New Scholarshi	o (\$2,500 minimur	m):				
To establish a new schola	rship, please cont	act the Foundation.				
				2icate total monthly gift of \$100.00 below)		
authorize CSN/CSN Foundation to deduct \$			per month for t	per month for the above scholarship(s) and/or program(s		
If giving through payroll dedu	ction, I understand	d that I must contact the C	CSN Foundation to cha	nge or discontinue my deductions.		
Employee Signature			Date			
OTHER GIVING OPTION	S: If you wish to	explore other options for	giving back, call 1-702	-651-7301.		
ONE-TIME CHECK OR CA	SH GIFT		ONE-TIME OR MONTHLY ONLINE GIFT			
Enclosed is my check	made payable to	the CSN Foundation	https	https://bit.ly/CSNF-Donate		
or cash for \$						

The Internal Revenue Service considers any benefits given in recognition of charitable gifts as a reduction in the value of the gift.

Unless otherwise noted on my receipt, no goods or services will be provided in conjunction with my contribution. Please consult your tax advisor for further information.