

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

EMPLOYEE INFO:			
Employee Last Name	First Name	MI	NSHE ID #
Home Address	City	State	Zip
Campus Extension Mobile Phone	CSN Dept.	CSN Email	
WAYS TO GIVE: Select your preferred gif	t method. Minimum mor	nthly gift of \$25.	
MONTHLY GIFT – PAYROLL DEDUCTION			
This is a new payroll deduction.		This i	s a change to my current payroll deduction.
DESIGNATION: You may contribute to m	ore than one scholarship	or program. Select tl	ne area(s) where your gift will be directed.
CSN Foundation - Unrestricted	Student Emer	gency Fund	Athletics
General Scholarship Fund - Restricted	Coyote Cupbo	pard	Annual Scholarships (<u>see website lis</u> https://bit.ly/csnf-scholarships
Scholarship Name:			
Establish New Scholarship (\$2,500 minimu	m):		
To establish a new scholarship, please con	tact the Foundation.		
If giving to more than one opportunity, please (i.e., \$50.00 to the Social Justice Scholarship a			
I authorize CSN/CSN Foundation to deduct \$		per month fo	r the above scholarship(s) and/or program(s
If giving through payroll deduction, I understan	d that I must contact the	CSN Foundation to c	hange or discontinue my deductions.
Employee Signature			Date
OTHER GIVING OPTIONS: If you wish to	explore other options for	r giving back, call 1-7	02-651-7301.
ONE-TIME CHECK OR CASH GIFT		ONE-TIME OR MONTHLY ONLINE GIFT	

Enclosed is my check made payable to the CSN Foundation or cash for \$_____

https://bit.ly/CSNF-Donate



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.