



Payroll Deduction

Thank you for supporting Lakeland students and programs through your generous donation. Please complete this form and return it (paper or scanned version) to **The Lakeland Foundation (C-2089 or lakelandfoundation@lakelandcc.edu)**. It will be forwarded to the Payroll Department.

Please print or type to complete.

Lakeland ID Number _____

Name _____

Department & Room # _____

Phone Number _____

I wish to authorize the following deduction from my paycheck.

Apply to:

- Greatest need Student Hunger Fund (Lakeland Cares Cupboard)
 General scholarship Specified fund or scholarship _____

Please choose one of the following payment methods. Please allow 1 pay period for processing.

- Continuous Deduction** Deduct \$ _____ per pay check. Start Date: _____

This option will continue until you request it to stop, change the amount or leave Lakeland.

- Total Deduction** \$ _____ Deduct \$ _____ per pay check. Start Date: _____

*This option will stop once the total amount is reached.
If you wish to contribute annually, you will need to request a new payroll deduction each year.*

(Signature) Date _____