

EMPLOYEE GIVING FORM

Making a difference in the lives of students

Complete the form below to initiate your giving through Payroll, one time gift or you may give a donation online at Roanestate.edu



ROANE STATE FOUNDATION

Transforming Lives.
Strengthening Community.
Inspiring Excellence.

NAME _____ R # _____
DEPT. AND CAMPUS _____
STREET _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

Please select one of the following:

President's Club (\$100 monthly or \$1200 annually) ★

Roane State Leadership Club (\$50 monthly or \$600 annually)

Roane State Raider's Club (\$25 monthly or \$300 annually)

Roane State Community Club (\$10 monthly or \$120 Annually)

The President's level donors will be invited to lunch with the President of the College.

All of the above donor levels will be recognized during the President's Annual Holiday Event.

I wish to make my monthly gift of \$ _____ (Minimum \$5 per month) through payroll

I would like to **increase** my payroll deduction to \$ _____ each month.

Enclosed is my one time gift of \$ _____

I would like to designate my gift to one or more of the following (please indicate the amount if choosing to split your gift to each fund.

Area of Greatest Need (unrestricted)

Pay It Forward Scholarships- includes Emergency Needs, Licensure/Fees, and Finish Line

Raider Fund- General Scholarships/Student Assistance

Food Pantry Funds _____

Other Fund-Name of fund: _____

I would like to establish a scholarship. Please contact me to being process.

I am interested in gifting appreciated or other personal assests (ie. securities, gift from IRA accounts, etc.

I would like to learn more about including a charitable bequest in my will or other estate plans.

Thank you for helping deserving students reach their dream!

Signature: _____

Date: _____

Please return this form to Roane State Foundation 276 Patton Lane, Harriman, TN 37748

All gifts are tax deductible as allowed by law. Please call 865-882-4507 for more information