Donate By Payroll

https://foundation.dallascollege.edu/employee-giving





| Donation Information | FOUNDATION |
|---|------------|
| Months for Deduction | Required |
| Select number of times you are paid, | Field |
| usually 12 for Staff and Administrators; 9 for Faculty. | |
| Select a Fund for your Donation | Required |
| Default is Emergency Aid Fund | Field |
| If you selected Other, type the other fund name: | |
| Monthly Donation Dollar Amount | Required |
| Type monthly amount for this fund (ex. 37.00) | Field |
| To add a second fund, click Add More: | Optional |
| Type the second fund name: | Field |
| Monthly Donation Dollar Amount to Second Fund | |
| Type monthly amount for the second fund (ex. 14.50) | |
| To add a third fund, click Add More: | Optional |
| Type the third fund name: | Field |
| Monthly Donation Dollar Amount to Third Fund | |
| Type monthly amount for the third fund (ex. 5.00) | |

Your Employee Information

| Your Name | Required |
|--|----------|
| Begin typing your Dallas College email address until | Field |
| your profile appears, then select your profile | |
| Your Primary Campus or Office Location | Required |
| Select your campus/office location from the drop-down menu | Field |
| Your Functional Area | Required |
| Select your functional work area from the drop-down menu | Field |
| Your Schools of, if applicable | Optional |
| Select your School from the drop-down menu, if applicable | Field |

Your Home Address

| Street, City, State, Zip Code Required Field | |
|--|--|
|--|--|

Review and Click Submit Required

Donate By Credit Card

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Recurring





Gift Type Select Recurring **Gift Amount** Add \$73 button Select a monthly amount or select Other and type a monthly amount Designation Default is Dallas College Emergency Aid Fund or select Other and type the fund name **Starting** Default is today or select a preferred start date Frequency Monthly **Continue my support** Select Until I cancel it or For a limited time Continue **Personal Info** Title: Dr/Mr/Mrs/Ms, First Name, Last Name, Preferred Email, Address Lines, City, State, Zip, Home Phone **Your Primary Campus or Office Location** Select your campus/office location from the drop-down menu **Your Functional Area** Select your functional work area from the drop-down menu Your Schools of, if applicable Select your School from the drop-down menu, if applicable **Click Pay by Credit Card** Enter your credit card information **Click Finish and Pav**

Donate By Credit Card

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One-Time





Gift Type Select One-Time **One-Time Gifts Gift Amount** Add \$73 button Select an amount or select Other and type an amount Designation Default is Dallas College Emergency Aid Fund or select Other and type the fund name Continue Personal Info Title: Dr./Mr./Mrs./Ms First Name, Last Name, Preferred Email, Address Lines, City, State, Zip, Home Phone **Your Primary Campus or Office Location** Select your campus/office location from the drop-down menu **Your Functional Area** Select your functional work area from the drop-down menu Your Schools of, if applicable Select your School from the drop-down menu, if applicable **Click Pay by Credit Card** Enter your credit card information **Click Finish and Pay**