



# Trenholm State

## COMMUNITY COLLEGE

### SUNSHINE FLOWER FUND MEMBERSHIP

In order to participate in payroll deduction beginning with your next check, please complete the form at the bottom of this page and return it to Katrina Beckham, Trenholm Campus.

Monthly contribution is \$3.00 per month via payroll deduction.

Name: \_\_\_\_\_

Department \_\_\_\_\_

Ext.# \_\_\_\_\_

**PLEASE CHECK ONE:**

I do want to participate in the Sunshine-Flower Fund.

I do not want to participate in the Sunshine Flower Fund.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date