



**State Center Community College Foundation
EMPLOYEE VOLUNTARY PAYROLL DEDUCTION FORM**

 First Name Middle Last

 Address City State Zip

 Phone Number Extension # SSN / EIN / Datatel ID (if this is a payroll deduction)

Please use my district email address at: _____
FCC/RC/SCCCD

OR please use this email address: _____

I would like to participate in a SCCCD payroll deduction plan. Please deduct the following amount per month from each payroll check beginning with the next paycheck or beginning on _____. This will be my tax deductible monthly contribution to the State Center Community College Foundation.

Scholarship/Department/Division/Program	Campus	Amount
#711898-LFSA Membership		\$
#211034-Latino Faculty & Staff Scholarship		\$
#711898- Latino Graduation & Celebration Fund		\$
_____		\$
_____		\$
_____		\$
_____		\$
_____		\$
_____		\$
TOTAL		\$

I am interested in setting up a scholarship. (The Foundation office will call you to set up a meeting.)

 Signature

 Date

FOR FOUNDATION OFFICE ONLY:

____ Copy sent to Kristie Andersen on: _____
 ____ Copy sent to donor on: _____
 ____ Entered into Raiser's Edge on: _____
 ____ Acknowledgement sent to donor on: _____

Thank you for investing in our students!