

FOUNDATION

YUBA COMMUNITY COLLEGE DISTRICT

Gift Authorization Form - Employee Payroll Deduction

EMPLOYEE INFORMATION (Please print)

Name: _____ Employee ID#: _____

Address Line 1: _____

Address Line 2: _____

City/State/Zip: _____

Phone: _____ Email: _____

College/Campus Affiliation: _____

Note: If you want your gift to be utilized where needed most, please write "unrestricted" in program/scholarship designation line.

For Official Use		EMPLOYEE PAYROLL DEDUCTION				
	Gift Designation (Program/Scholarship/Campus)	Amount per Month	Effective	Start	Stop	Change
Code: _____	_____	\$ _____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Program/Scholarship/Campus)	Amount per Month	Effective	Start	Stop	Change
Code: _____	_____	\$ _____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Signature: _____		Date: _____				

How to Reach Us

Yuba Community College District Foundation Office
425 Plumas Blvd., Suite 200, Yuba City, CA 95991
phone: 530.740.1703 email: Foundation@yccd.edu

These forms are available in hard copy at the YCCD Foundation Office.
Payroll deductions can be started, changed or stopped at the employee's direction.
For assistance contact the YCCD Foundation Office.

Please complete form and return to the YCCD Foundation Office.