



San Bernardino Valley College Foundation PAYROLL DEDUCTION AUTHORIZATION

I would like to make a gift through a payroll deduction to the following program(s) in the following amount(s):

| <u>Description</u> | <u>Amount</u> |
|--|-----------------|
| A. Area of greatest need | \$ _____ |
| B. Valley-Bound Commitment | \$ _____ |
| C. Textbook scholarships | \$ _____ |
| D. Foundation general scholarship fund | \$ _____ |
| E. Established scholarship (name): _____ | \$ _____ |
| F. Specific discipline/program of study: _____ | \$ _____ |
| G. Specific fund: _____ | \$ _____ |
| Total contribution/deduction | \$ _____ |

Office Use Only
Acct: _____

If you are interested in establishing a new fund or scholarship, please contact the Foundation to schedule a meeting to discuss the criteria and guidelines.

Name: _____ Social Security - Last 4 only: _____

Department/Division: _____

I authorize the San Bernardino Community College District Payroll Department to make monthly deductions from my pay warrant in the amount of \$_____. These deductions shall commence on: _____ (month/yr). I understand that all donations/gifts are tax deductible and the funds will be deposited into the program(s) I have indicated on the form and will be used for that purpose. These monthly deductions will be made on an on-going basis unless changed in writing by me.

Signature: _____ Date: _____

The electronic signature on this form serves as the official signature necessary for these contributions to move forward and will act as your legal signature.

Please forward your signed form to the SBVC Foundation Office for completion, it will then be forwarded to SBCCD Payroll.

Thank You for Your Support!