



San Bernardino Valley College Foundation

PAYROLL CONTRIBUTION AUTHORIZATION

Employee Giving Campaign

Your Gift, Your Choice

Please select the fund(s) you would like to support (Minimum amount is \$10 per month).

Option Descriptions: Area of greatest need, President's Circle, Valley Bound Commitment, Textbooks, Specific Program, Specific Scholarship

Fund/Scholarship	Amount Per Paycheck
Total Per Paycheck	\$



Contributions of \$84 or more per month will be inducted into the President's Circle.

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.



Program Support



Scholarships



Emergency Funds

Employee Info

Name: _____ Department/Division: _____

- ☐ This is my first time setting up a payroll deduction.
- ☐ I would like this amount to replace my current scheduled deductions.
- ☐ This will be in addition to the amount currently being deducted from my paycheck.

I am:

☐ Classified ☐ Faculty ☐ Management

In accordance with State law, I hereby authorize the SBCCD to deduct the amount above from my monthly salary/wages. I understand that this authorization will remain in effect until I request cancellation in writing.

Signature: _____

Date : _____

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

Thank you for supporting Valley's students!