



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):

Description	Amount	Office Use Only
A. Area of greatest need	A. \$ _____	Acct: _____
B. Valley-Bound Commitment	B. \$ _____	_____
C. Textbook Scholarships	C. \$ _____	_____
D. Foundation General Scholarship Fund	D. \$ _____	_____
E. Established scholarship (Name): _____	E. \$ _____	_____
F. Specific Discipline/Program of study: _____	F. \$ _____	_____
G. Specific fund: _____	G. \$ _____	_____
H. Establish new fund/scholarship*: _____	H. \$ _____	_____
Total contribution/deduction:	\$ _____	

*** If you are interested in establishing a new fund or scholarship, Foundation staff will meet with you to establish 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 and forwarding to SBCCD Payroll. Thank you for your support!

San Bernardino Valley College Foundation
Campus Center 226
701 S. Mt. Vernon Ave.
San Bernardino, CA 92410

San Bernardino Valley College Foundation Office
CC-226
(909) 384-4471

Difference Makers
Confidential
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