



State Center Community College Foundation

Employee Voluntary Payroll Deduction Form

Name (First, Middle, Last):

Address:

City, State, Zip:

Work Phone or Cell Number:

Employee ID Number:

District Email:

Alternate Email:

☐ I would like to participate in a State Center Community College District payroll deduction plan. Please deduct the following amount per month from each payroll check beginning with my next paycheck or beginning on the date listed below. This will be my tax deductible monthly contribution to the State Center Community College Foundation. **Date to begin payroll deduction:**

SCCCF Account Name and Account Number	Campus	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Contribution:

☐ I am interested in establishing a new a scholarship. (The Foundation Office will contact you.)

Signature Date

For Foundation Office Only:

Current Payroll Deduction:

Additional Payroll Deduction:

New Payroll Deduction Amount:

SCCCF Batch:

*Thank you for investing in our students!
Please return completed form to State Center Community College Foundation Office.*