

# FOUNDATION

YUBA COMMUNITY COLLEGE DISTRICT

## Gift Authorization Form - Employee Payroll Deduction

Revised 02.01.2021

### EMPLOYEE INFORMATION (Please print)

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

College/Campus Affiliation: \_\_\_\_\_

I authorize a total of \$ \_\_\_\_\_ to be deducted from my payroll, on a monthly basis, as a contribution to the Yuba Community College District Foundation for the purpose(s) designated below. Please start the deduction effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

		Foundation Use
Program/scholarship: _____	Amount per month \$ _____	Code: _____
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### 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 www.yccdfoundation.org

Payroll deductions can be started, changed or stopped at the employee's discretion.  
For assistance contact the YCCD Foundation Office.

**Please complete the form and return to the YCCD Foundation Office.**