

**Gift Authorization Form - Employee Payroll Deduction** 

Revised 01.10.2023

## **EMPLOYEE INFORMATION (Please print)**

Name:	ıme: Employee ID#:			
Address Line 1:				
Address Line 2:				
City/State/Zip:				
Phone:				
College or Campus: 🛛 Wood	dland 🗖 Yuba 🕻	Lake	Colusa	
I authorize a total of \$ the Yuba Community College Distric effective://				
Employee Signature:	loyee Signature: Date:			
DESIGNATE MY GIFT to s	support the followir	ıg:		
Program/scholarship:		_ Amo	unt per month \$	Foundation Use Code:
Program/scholarship:		_ Amo	unt per month \$	Code:
Program/scholarship:		_ Amo	unt per month \$	Code:
Note: If you want your gift to be use	ed where needed most, wr	ite "great	est need" on the program	n/scholarship line.

ALL gifts are tax deductible to the full extent allowed by Federal and State tax regulations. The YCCD Foundation is a 501(c)3 Tax-exempt organization. Federal ID No. 23-7222541

## **QUESTIONS?**

Contact Director Jay Lowden Yuba Community College District Foundation 3301 E. Onstott Road, Yuba City, CA 95991 phone: 530.740.1703 email: foundation@yccd.edu www.yccdfoundation.org

Payroll deductions can be started, modified or stopped at the employee's discretion.

Please complete the form and email or mail to the YCCD Foundation Office.

## THANK YOU FOR SUPPORTING YCCD STUDENTS!