

IT'S OUR COLLEGE

PAYROLL DEDUCTION CAMPAIGN

PAYROLL DEDUCTION PLEDGE FORM

☐ Staff ☐ Faculty ☐ Management

Name _____ (please print) Department _____

Business Number _____ Home Number _____

Home Address _____

City _____ State _____ Zip _____

Email _____

WE WOULD LIKE TO THANK OUR CURRENT DONORS AND WELCOME NEW DONORS TO THE ANNUAL FUND CAMPAIGN.

☐ NEW ☐ EXISTING

I would like to pledge via deduction from my paycheck \$_____ per month (\$10 minimum monthly allocation per fund) for an annual total of \$_____ (10 months) to the below designated fund:

FUND CHOICES:

- ☐ President's Circle membership (\$1,000 per year)
- ☐ Greatest Need Fund
- ☐ Program Account _____
- ☐ Scholarship Account _____
- ☐ Contributions to be distributed to multiple accounts as detailed below:
- ☐ \$_____/mo to _____ Fund for a total of \$_____/yr
- ☐ \$_____/mo to _____ Fund for a total of \$_____/yr
- ☐ \$_____/mo to _____ Fund for a total of \$_____/yr
- ☐ \$_____/mo to _____ Fund for a total of \$_____/yr
- ☐ \$_____/mo to _____ Fund for a total of \$_____/yr

Please Note: If you do not indicate otherwise, your support is applied to our Greatest Need fund, which supports students and diverse programs throughout the year.

I hereby authorize a payroll deduction as stated below. I understand this pledge will remain in force unless revoked or revised by me in writing.

Signature _____ Date _____ Employee # _____

Please return this form to the Santa Ana College Foundation Office, 1530 W. 17th Street, Santa Ana, CA 92706. If you have any questions, please call (714) 564-6091 or foundation@sac.edu.

