

## WE'RE ALL IN!

## 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.