

Mt. SAC Foundation Faculty Staff Giving Payroll Deduction Form

Yes! I would like to support the mission of the Mt. San Antonio College Foundation as an employee contributor to:

- General Foundation Support**
Supporting the highest needs of the Foundation operations, supporting scholarship, academic, and programmatic initiatives
- President's Circle Membership**
\$100 monthly minimum
- General Scholarship**
Support the Associates Scholarship awarded to students funded by Mt. San Antonio College employees
- Named Scholarship:**
Start a new named scholarship with a minimum gift of \$1,000 annually for 3yrs OR support an existing scholarship. **Name:** _____
(For a new scholarship, contact the Foundation Office to discuss scholarship criteria)
- Academic/Programmatic Support**
Support a specific department or program on campus: _____
(Here are just a few of the many possible choices: Astronomy Department, Women's Soccer, Chamber Singers)

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the Mt. San Antonio Community College District to deduct a monthly amount of
\$25 \$50 \$100 Other (minimum \$10) from my salary/wages*.

I understand that this authorization will remain in effect until I request cancellation in writing.

My classification: **FACULTY** **MANAGEMENT** **CLASSIFIED** **TRUSTEE**

Employee Name: _____ Employee ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Ext.: _____ E-mail: _____

I understand and agree to all of the terms and conditions explained above and authorize the method of payment

Employee Signature: _____ Date: _____

Thank you for your generous support!
Please return completed forms to the Foundation, Building F10
Questions: Foundation X 4215 or foundation@mtsac.edu

COMPLETED BY FOUNDATION & PAYROLL ONLY

RECEIVED BY: _____	DATE RECEIVED: _____
FOUNDATION SIGNATURE: _____	DATE SENT TO PR: _____