



Sign me up for the District Foundation Payroll Deduction Plan:

Name: _____

Employee ID Number/SS# _____

I wish to have \$_____ deducted per month starting immediately.

I wish to have a one time deduction of \$_____.

Name of Account: _____

(You may contribute to any scholarship, department, or program at the District.)

Signature: _____

Date: _____

****PLEASE NOTE****

YOUR CONTRIBUTIONS WILL CONTINUE UNTIL YOU OR THE DISTRICT FOUNDATION GIVE WRITTEN NOTIFICATION TO DISTRICT PAYROLL TO STOP THEM.

(There are no deductions during July & August for Classified, June & July for Faculty)

PLEASE RETURN THIS FORM TO THE DISTRICT FOUNDATION OFFICE

foundation-info@ccd.edu

1370 Adams Ave.

Costa Mesa, CA 92626

(714) 438-4606

