



EMPLOYEE PAYROLL GIVING FORM - FACULTY

As faculty, you know better than anyone how much scholarship support means to our students. Your monthly donation helps build our growing scholarship fund and ensures that we can continue providing critical scholarship support for our very deserving students.

Thank you for your generosity!

Instructions:

1. Check off or write in which fund you wish to support and enter a donation amount.
2. Print your name and employee number in the highlighted spaces provided.
3. Sign and date the form.
4. Return to LAVC Foundation Office (ACA 2201)

I wish to support the following through Employee Payroll Giving:

**Dollar Amount
Deducted Per Pay Period**

The Los Angeles Valley College Foundation

LAVC Academic Senate via LAVC Foundation

Other Fund: _____

Total

\$

Employee Payroll

LACCD USE ONLY

Your Employee Number

Giving

1	2	3	4	5	6	7	

Employee Payroll Name—Please Print

Deduction Code

Total Deduction

First	Middle	Last

6	3	8
21	22	23

\$

To: Los Angeles Community College District Payroll Section

You are hereby authorized to deduct from each of my regular salary warrants the amount above and remit these deduction the organization named below without any liability to the Los Angeles Community College District. This authorization shall remain in effect until a signed written notification for modification or revocation is received.

Los Angeles Valley College Foundation

Employee Signature

Date