



EMPLOYEE PAYROLL GIVING FORM

As an employee of LAVC, you know better than anyone how much scholarship support means to our students. Last year, our Foundation was able to award **\$137,000** in student scholarships and support to various programs on campus. Your monthly or bi-monthly donation helps ensure that we can continue providing critical support for our very deserving students.

Thank you for your generosity!

Instructions:

1. Check off which fund or funds you wish to support and enter a donation amount.
2. Print your name, mailing address, email and employee number in the highlighted spaces provided.
3. Sign and date the form.

I wish to support the following through

Employee Payroll Giving

- The Los Angeles Valley College Foundation
- LAVC Academic Senate via LAVC Foundation
- Other Fund: _____

Dollar Amount Deducted

Per Pay Period

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL DEDUCTION

Employee Payroll Name—Please Print

First	Middle	Last

Your Employee Number

Mailing Address: _____

Email _____ **Phone:** _____

LACCD USE ONLY

1	2	3	4	5	6	7

Deduction Code

6	3	8
21	22	23

Total Deduction

\$

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