



EMPLOYEE PAYROLL GIVING FORM

Last year, our Foundation was able to award over **\$125,000** in student scholarships and assistance to various programs on campus. Much of this support comes from the generosity of LAVC employees who donate via the Employee Payroll Giving Program. 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 spaces provided.
3. Sign and date the form. Return to **foundation@lavc.edu** or to Foundation Office at ACA 2201.

**** Please note that the minimum deduction amount is \$20.00 per pay period.**

I wish to support the following through

Employee Payroll Giving

Dollar Amount Deducted

Per Pay Period

<input type="checkbox"/> The Los Angeles Valley College Foundation	\$ _____
<input type="checkbox"/> LAVC Academic Senate via LAVC Foundation	\$ _____
<input type="checkbox"/> Other Fund: _____	\$ _____
TOTAL DEDUCTION	\$ _____

Employee Payroll Name—Please Print

Your Employee Number

First	Middle	Last

Mailing Address: _____

Email _____ **Phone:** _____

LACCD USE ONLY

Deduction Code

Total Deduction

1	2	3	4	5	6	7	

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