



SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT PAYROLL DEDUCTION AUTHORIZATION

Please select the Foundation where you wish your payroll contribution to be forwarded:

- Irvine Valley College Foundation Saddleback College Foundation
- District Foundation (SOCCCD)

Name: _____ Division/Dept.: _____

- Academic Classified Administrator Trustee

Employee Social Security Number: _____

Preferred Mailing Address: _____ City _____ Zip _____

Please allocate my deduction to the following:

\$ _____ **Scholarship Fund:** provides the greatest flexibility to the scholarship selection committee to ensure that the most deserving student applicants are awarded a scholarship

\$ _____ **Foundation Endowment Fund:** will ensure a sound financial base requiring less funding from the District and College Budgets

\$ _____ **Area of Greatest Need:** will support areas of the college or district where supplemental funding is most needed to enhance programs and services.

\$ _____ **Other:** Please specify below

Foundation Project Name _____ Account Number _____

\$ _____ **TOTAL MONTHLY DEDUCTION** The South Orange County Community College District is authorized to deduct this amount from my salary.

- Monthly (10) Monthly (12) One time only