



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

Beginning Date: _____ / _____
Month year

I understand that this authorization shall remain in effect until modified or revoked in writing by the above referenced deduction recipient or me.

Employee Signature

Date

Please retain the yellow copy for your personal records and return the original and remaining copies to the appropriate Foundation Office.