



EMPLOYEE GIVING FORM

Yes, I would like to support the mission of the Mt. San Antonio College Foundation as an employee contributor to:

- General College Support
- Student Support (Scholarship)
(Please note if a specific scholarship fund _____)
- Academic Support (Campus Projects in Divisions/Departments)
- Equipment and Facilities Support (College-wide; Divisions)

PAYROLL DEDUCTION AUTHORIZATION

In accordance with State law, I hereby authorize the Mt. San Antonio Community College District to deduct a monthly amount of **\$25 \$50 \$75 \$100 Other** _____ (**Circle one**) from my salary/wages for ten consecutive months. I am aware that no deductions will be made during the months of July and August each year. *I understand that this authorization will supersede any previous agreement and will remain in effect until I request cancellation in writing.*

MY CLASSIFICATION: FACULTY MANAGEMENT CLASSIFIED TRUSTEE

ONE-TIME CASH DONATION

Please accept my one-time cash gift enclosed for the amount of \$ _____.
(Make check payable to Mt. San Antonio College Foundation.)

Employee Name: _____ Employee ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ E-mail: _____

I understand and agree to all the terms and conditions as explained above and authorize the method of payment selected on this form.

Employee Signature: _____ Date: _____

Thank you for your generous support!

NOTE: COMPLETED FORM MUST BE SUBMITTED TO THE MT. SAC FOUNDATION OFFICE IN BLDG. 12A. PLEASE CALL EXT 4215 FOR ANY QUESTIONS OR E-MAIL FOUNDATION@MTSAC.EDU.

COMPLETED BY FOUNDATION ONLY

RECEIVED BY: _____ DATE RECEIVED: _____

FOUNDATION SIGNATURE: _____ DATE SENT TO HR: _____