Payroll Donation Form



Employee Name



Date



• •		
High School		
Home Address	Email	
City, State, Zip	Phone	
Payroll Donation I hereby authorize and request that GUHSD Payroll Office decrements the withheld amount to the Higher Edge Scholarship processes.		
Amount Per Pay Period	FGCC USE ONLY	GUHSD USE ONLY
All donations w	vill be kept confidential	
I would like my name to be recognized on donor reco	gnition materials.	
Effective Date	Employee ID number	
This authorization will start on the next pay period and will on submission of a Cancel Payroll Donation Form.	continue in effect until termination	of my employment with GUHSD or
Signature	Date	
	Send Payroll Don	ation Form to:

OFFICE USE ONLY Date Processed by FGCC



Email: Laurie.Lovell@gcccd.edu

Mail: The Foundation for Grossmont & Cuyamaca Colleges 8800

Grossmont College Drive, El Cajon, CA 92020

Fax: 619.668.1640

All gifts are tax-deductible to the extent allowable by law If you have any questions, please call FGCC at 619.644.7109