

Payroll Donation Form

Employee Name

Date

College Site

Department

Home Address

Email

City, State, Zip

Phone

Payroll Donation

I hereby authorize and request Grossmont-Cuyamaca College District Payroll Office to deduct the amount(s) designated below from my paycheck **each pay period**, and remit the withheld amount(s) to the designated programs of the Foundation for Grossmont & Cuyamaca Colleges.

- New Payroll Donation
- Change Existing Payroll Donation (See Below)
- I prefer not to have my gift acknowledged publicly

Program Name (Gift Designation)	Amount Per Pay Period	OFFICE USE ONLY: KEYCODE
Higher Edge Promise Scholarship		
Other (Describe)		
TOTAL		

Effective Date: _____

Employee ID number: _____

This authorization will start on the next pay period and will continue in effect until termination of my employment with GCCCD or submission of a Cancel Payroll Donation Form. I understand that my selections made on this form will supersede any previous Payroll Donation information I have submitted in the past.

Signature: _____ Date: _____

INTERNAL USE ONLY

Date Processed by FGCC

#77290

Send Payroll Donation form to:

Foundation for Grossmont & Cuyamaca Colleges
8800 Grossmont College Drive, El Cajon, CA 92020.
All gifts are tax-deductible to the extent allowable by law.

If you have any questions, please call Lori Schick @ 619.644.7652