

Payroll Donation Form



Employee Name _____ Date _____

College Site _____ Department _____

Home Address _____ Email _____

City, State, Zip _____ Phone _____

Payroll Donation

I hereby authorize and request that GUHSD Payroll Office deduct the amount designated below from my paycheck **each pay period** and remit the withheld amount to the Grossmont Cuyamaca College Promise program of the Foundation for Grossmont & Cuyamaca Colleges.

Amount Per Pay Period	FGCC USE ONLY	GUHSD USE ONLY

I would like to be recognized by the Foundation on the website, annual reports & other donor recognition.

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 GUHSD or submission of a Cancel Payroll Donation Form.

Signature _____ Date _____

OFFICE USE ONLY Date Processed by FGCC
--

Send Payroll Donation Form to:

Email: sarah.klingshirn@gcccd.edu

Mail: The 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 619.644.7652