



**PAYROLL DEDUCTION FORM
FOR A DONATION TO
THE CHABOT COLLEGE FOUNDATION**



- I **authorize** the Chabot-Las Positas Community College District payroll department to deduct \$ _____ from my monthly paycheck as a contribution to the Chabot College Foundation (Tax I.D. #20-0027721).
- I would like to **change the amount** of my current monthly contribution to the Chabot College Foundation from \$ _____ to \$ _____ and authorize the Chabot-Las Positas Community College District Payroll Department to deduct this adjusted amount from my monthly paycheck.
- I would like to **cancel** my contribution to the Chabot College Foundation.

Designation: Scholarship Greatest Need Other _____

I understand that my monthly payroll deduction will continue until the District Payroll Department receives my signed notification of cancellation.

Employee Name

Employee ID or Social Security Number

Signature

Date

Note: Requests submitted by the 15th of the month should reflect on the employee's next paycheck
Please keep a copy for your records and send original to: Chabot College Foundation, Room 220