



PAYROLL DEDUCTION PLEDGE FORM

Staff  Faculty  Management

Name \_\_\_\_\_ (please print) Department \_\_\_\_\_
Business Number \_\_\_\_\_ Home Number \_\_\_\_\_
Home Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Email \_\_\_\_\_

THANK YOU FOR INSPIRING, TRANSFORMING, AND EMPOWERING SAC SCHOLARS.

NEW  EXISTING

I would like to pledge via deduction from my paycheck \$\_\_\_\_\_ per month (\$10 minimum monthly allocation per fund) for an annual total of \$\_\_\_\_\_ (10 months) to the below designated fund:

FUND CHOICES:

- President's Circle membership (\$1,000 per year)
 Greatest Need Fund
 Program Account \_\_\_\_\_
 Scholarship Account \_\_\_\_\_
 Contributions to be distributed to multiple accounts as detailed below:
 \$\_\_\_\_\_/mo to \_\_\_\_\_ Fund for a total of \$\_\_\_\_\_/yr
 \$\_\_\_\_\_/mo to \_\_\_\_\_ Fund for a total of \$\_\_\_\_\_/yr
 \$\_\_\_\_\_/mo to \_\_\_\_\_ Fund for a total of \$\_\_\_\_\_/yr
 \$\_\_\_\_\_/mo to \_\_\_\_\_ Fund for a total of \$\_\_\_\_\_/yr
 \$\_\_\_\_\_/mo to \_\_\_\_\_ Fund for a total of \$\_\_\_\_\_/yr

Please Note: If you do not indicate otherwise, your support is applied to our Greatest Need fund, which supports students and diverse programs throughout the year.

I hereby authorize a payroll deduction as stated below. I understand this pledge will remain in force unless revoked or revised by me in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Employee # \_\_\_\_\_

Please return this form to the Santa Ana College Foundation Office, 1530 W. 17th Street, Santa Ana, CA 92706. If you have any questions, please call (714) 564-6091 or foundation@sac.edu.



Foundation (Office use only): Recd \_\_\_\_\_ Payroll \_\_\_\_\_ TY \_\_\_\_\_