



EMPLOYEE GIVING PROGRAM
YCCD Payroll Deduction Form

COLUMBIA COLLEGE FACULTY SCHOLARSHIP

Last Name _____ First Name _____

Employee Number _____ or SSN# (last 4 digits) _____

YCCD/CC Department: _____

New Donor Current Donor-Revision (*Current payroll donations are listed on your YCCD StaffNet account*)

Columbia College Faculty Scholarship (10 month) \$ _____ MONTHLY (10 month)

Begin Payment _____ (Month) _____ (Year)

(NOTE: This form must be received by the CCF by the 5th of the month preceding the first payroll deduction).

The Yosemite Community College District payroll office is hereby authorized to deduct from salary warrants due to me the sum indicated for payment to the Columbia College Foundation. This authorization is to remain in force from year to year until revoked or revised by me.

Date _____ Signature _____

Complete and return to Columbia College Foundation, Manzanita 250, or scan and email to francisk@yosemite.edu

Questions? Contact the Foundation at 209.588.5065, nilsona@yosemite.edu or francisk@yosemite.edu

Routing procedure for this form:

CC Development/Foundation Office: Received _____

CC Business Office: Received _____

YCCD Payroll Office: Received _____