



*San Mateo County  
Community Colleges Foundation*

## **San Mateo County Community College District Authorization for Payroll Deduction**

To: District Payroll Office  
3401 CSM Dr.  
San Mateo CA 94402

I hereby authorize my employer, San Mateo County Community College District, to deduct from my paycheck on an after-tax basis a voluntary deduction of \$ [ \$5 minimum ] per month as a tax-deductible contribution for a specific fund in the San Mateo County Community Colleges Foundation.

This deduction shall start with the pay period of compensation

for the month of 20 ,

and continue until I notify the District in writing otherwise.

The contribution shall be for the one specific fund checked here:

- General Fund of the Foundation
- Community Fund (supporting scholarships and programs at all three colleges through the Chancellor's Circle Annual Campaign)
- Textbook Rental Program
- Other

To see a complete list of scholarship funds available, please contact Georgi LaBerge at ext. 6229.

Printed Name of Employee:

Social Security Number:

Signature:

Date: