



San Mateo County Community College District Authorization for Payroll Donation

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 \$ [] 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
Friends of Skyline Scholarship Fund
President's Innovation Fund
Textbook Rental Program at Skyline
Other

Printed Name of Employee:

Social Security Number:

Signature:

Date: