PORTERVILLE COLLEGE FOUNDATION

Payroll Donation Form

Please accept my donation of:		
□\$100 □\$50 □\$25 □\$10)	
I would like my contribution use	ed for: (choose from attached list	ing of funds available)
Fund # Name		Amount \$
Fund # Name		Amount \$
Fund # Name		Amount \$
	Total Mont	hly Donation \$
Payroll Deduction Authorization		
I hereby authorize Kern Commmy earnings each payroll periode PORTERVILLE COLLEGE FO College.	d to be paid as a tax-deductil	ble contribution to the
NAME (PLEASE PRINT)		ID#
HOME ADDRESS	CITY	STATE ZIP
EMPLOYEE SIGNATURE DATE		
"Share the Future"		
	Share the Future"	ATION//BUSINESS OFFICE
		ATION//BUSINESS OFFICE
	ED FORM TO COLLEGE FOUND	ATION//BUSINESS OFFICE
PLEASE RETURN COMPLETI	ED FORM TO COLLEGE FOUND	