



Employee Payroll Deduction Pledge Form

Name	
G#	
Department	
Extension	
Address	
City	
State	
ZIP Code	
Email	

I would like to pledge via deduction from my paycheck \$_____per month (\$10 minimum monthly allocation per fund) for an annual total of \$_____ to the below designated fund, or a one-time donation of \$_____.

FUND CHOICES:

President's Circle membership is unrestricted funds.

Program Account _____

Scholarship Account _____

Contributions to be distributed to multiple accounts as detailed below:

\$_____/mo to _____ **President's Circle** _____ Fund for a total of \$_____/yr

\$_____/mo to _____ Fund for a total of \$_____/yr

\$_____/mo to _____ Fund for a total of \$_____/yr

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** _____

Please return this form to the Gavilan College Foundation Office, 5055 Santa Teresa Blvd., Gilroy, CA 95020.

If you have any questions, please call 408-842-2826 or email: bpalmer@gavilan.edu

Foundation (Office use only): Rec'd _____ Payroll _____ TY _____

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