



**Victor Valley College Foundation**  
 18422 Bear Valley Rd., Victorville, CA 92395  
 (760) 245-4271 ext. 2251

## PAYROLL DEDUCTION FORM

The Victor Valley College District Foundation supports projects and goals of Victor Valley College. Employees at Victor Valley College may elect to support the work of the Victor Valley College Foundation through a payroll deduction. These deductions may support specific programs or be undesignated to allow the Foundation to support areas of emerging needs.

EMPLOYEE NAME: \_\_\_\_\_

LAST 4 SSN \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

**I AM PLEASED TO MAKE A TAX DEDUCTIBLE CONTRIBUTION TO THE VICTOR VALLEY COLLEGE FOUNDATION TO HELP BUILD A STRONG FUTURE FOR VICTOR VALLEY COLLEGE.**

Payroll Deduction (begins next available payroll cycle)

I authorize a deduction of: \$ \_\_\_\_\_ (per month)

Please mark X in one box  One Month Only

12 Months (Classified / Management Only)

10 Months

Other: Number of Months \_\_\_\_\_

Enclosed is my one time gift of \$ \_\_\_\_\_  
 (No Payroll Deduction)

**DESIGNATE MY GIFT TO:**

Foundation Annual Fund (for use as the Foundation deems appropriate)

Foundation Program (select one)

President's Circle (\$1,000 per year / \$83.34 for 12 months)

Student Experience Fund (pays for extra-curricular educational experiences)

Scholarships:  General Scholarships

Scholarship Fund \_\_\_\_\_

Campus Grants

Other: \_\_\_\_\_

VVC Program /Dept. \_\_\_\_\_

I understand this authorization will continue unless my employment terminates or I cancel this pledge in writing with a 30-day notice. My printed name below is exactly as it should appear on recognition lists, wall plaques, etc.

Printed Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO THE VVC FOUNDATION**