Foothill-De Anza
Community College District
Payroll Services Deduction Request

I,_____ authorize the Foothill-De Anza Community College District to deduct $_____ per month ($5 minimum) from my paycheck as a voluntary tax-deductible contribution to:

❑ Educational Excellence Fund
❑ Specific Program _____

Please start my deduction with paycheck dated _____ (month), _____ (year) until further notice.

Your Name:_____
Signature:_____
Campus ID: _____
Date:_____

Employee Status (Check One)
❑ 12 Month   ❑ 11 Month   ❑ 10 Month   ❑ Part-time Faculty

Please return the complete form to:
Foothill-De Anza Foundation
12345 El Monte Road
Los Altos Hills, CA 94022

Must be received by the Foundation by the 15th
in order to process for the current month.
Questions? Please call the Foundation Office at 650-949-6230.
Thank you very much for supporting our students and programs.

(For Foundation/Payroll staff use)
Foundation:
❑ AGAPLDG $_____(annual pledge amount) Date:_____
❑ Additional Pledge

Payroll:
❑ PEAFDED (deduction code 825/gift type PD) Date:_____
❑ Additional Pledge (must use another deduction code besides 825)

Original – Foundation Office – Copy to Payroll