



SCHOLARSHIP DONATION FORM

PAYROLL DEDUCTION EMPLOYEE INFORMATION

VCCCD EMPLOYEE NO.: _____
NAME: _____
ADDRESS: _____
HOME PHONE: _____
WORK PHONE: _____



DONATION DESIGNATION

I would like to designate my gift to the following:

- Oxnard College Foundation (OCF) Scholarship Fund** – All scholarship donations will be matched dollar for dollar. If you would like to donate to an existing OCF scholarship fund, please specify the name below:

- Oxnard College Academic Senate Faculty Project**
Please specify project: _____
- Other** – Donation to Oxnard College programs or activities. _____

PLEDGE INFORMATION

- PAYROLL DEDUCTION PLAN**
In consideration for vital education services sponsored by the Oxnard College Foundation, I would like 100% of my contribution to go directly to the Oxnard College fund, project, program or activity indicated above. My gift is indicated below:
 - My monthly pledge is: \$5 \$15 \$25
 \$10 \$20 Other: \$ _____Total Yearly Gift (*monthly x 12*): \$ _____
- NON-PAYROLL ONE-TIME GIFT**
I do not wish payroll deduction but have enclosed my one-time gift.
 - My one-time pledge is: \$ _____

I hereby authorize the Ventura County Community College District to withhold from my monthly payroll warrant the amount indicated above and send the sum to the Oxnard College Foundation. In understand that the authorization will remain in effect until further notice unless terminated by me on thirty day written notice to the District Payroll Office and the Oxnard College Foundation.

Signature: _____

Date: _____

Thank you for your generous donation!