

VCCCD EMPLOYEE GIVING FORM

PATROLL DEDUCTION EWIPLOTEE INFORMATION	
VCCCD EMPLOYEE NO.:	
HOME PHONE:	STUDENT SUCCESS
WORK PHONE:	SUCCESS
DONATION DESIGNATION	
I would like to designate my gift to the following:	
	 All scholarship donations will be matched dollar for dollar. scholarship fund, please specify the name below:
Oxnard College Academic Senate Faculty Project Please specify project:	
Other – Donation to Oxnard College programs or act Please specify program or activity:	
PLEDGE INFORMATION	
contribution to go directly to the Oxnard College fun indicated below: • My monthly pledge is: 5 \$5 \$10	ed by the Oxnard College Foundation, I would like 100% of my d, project, program or activity indicated above. My gift is \$15 \$25 \$20 Other:\$
Total Yearly Gift (monthly x 12): \$	
My one-time donation is: \$	
If you wish to may with a Credit or Debit Card, p payment over the phone)	lease fill out the following information. (We can also take your
Credit Card Number:	Expiration Date: CVV:
Name as it appears on the credit card:	Billing Zip Code:
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. I understand that this 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!	
*Please print and forward the completed, original form to the Oxnard College Foundation for processing. For more information on the Oxnard College Foundation, please call (805) 678-5889, fax (805) 678-5989, or email at <u>berenice_rodriguez1@vcccd.edu</u> . Your charitable gift qualifies for 100% federal tax benefit from Oxnard College Foundation, a 501(C)(3) non-profit corporation: Federal Tax ID #77-0003378.	