



## Office of College Development, Marketing & Public Relations

### San Mateo County Community College District Authorization for Payroll Donation

I hereby authorize my employer, San Mateo County Community College District, to deduct from my paycheck on an after-tax basis a voluntary deduction of \$\_\_\_\_\_ [\$5 minimum] per month as a tax-deductible contribution for a specific fund in the San Mateo County Community Colleges Foundation.

This deduction shall start with the pay period of compensation

for the month of \_\_\_\_\_ 20\_\_\_\_,

and continue until I notify the District in writing otherwise.

The contribution shall be for the one specific fund checked here:

- Friends of Skyline Scholarship Fund
- President's Innovation Fund
- Textbook Rental Program at Skyline
- Other \_\_\_\_\_

Printed Name of Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Send completed form to:**

Public Information Office  
Skyline college  
Building 1 Room 1317  
San Bruno, CA 94066