



## Employee Payroll Deductions

I want to join my colleagues and the Foundation Board Members in their efforts to support Lassen College students and programs.

Name: \_\_\_\_\_ SS# \_\_\_\_\_ (need for payroll)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Lassen College Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form to Lassen College Foundation P.O. Box 3000 Susanville, CA 96130

Or

Email it to [lcfoundation@lassencollege.edu](mailto:lcfoundation@lassencollege.edu)

Phone: (530) 251-8824 Fax Number: (530) 251-8838

### New Application

I authorize a monthly pledge of: \$10      \$25      \$100      Other \$      To be paid through  
payroll deductions beginning on \_\_\_\_\_ pay period.

**Designation:** I would like my donation to be applied to:

- LC Foundation General Fund       Student Scholarships  
 College Transfer Programs: (Specify Program)  
 Vocational Scholarship: (Specify Career Technical Education Program)  
 Athletics: (Specify Sport)  
 Other: (Please Specify)

### Revision to Existing Application

I authorize a monthly payroll deduction increase of: \$ \_\_\_\_\_ for a total monthly deduction of \$  
starting on pay period \_\_\_\_\_.

Change my designation to: \_\_\_\_\_ as of \_\_\_\_\_.

Cancel my deduction as of: \_\_\_\_\_.