



**EMPLOYEE GIVING PROGRAM  
YCCD Payroll Deduction Form**

**COLUMBIA COLLEGE FACULTY SCHOLARSHIP**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Employee Number \_\_\_\_\_ or SSN# (last 4 digits) \_\_\_\_\_

YCCD/CC Department: \_\_\_\_\_

New Donor       Current Donor-Revision (*Current payroll donations are listed on your YCCD StaffNet account*)

Columbia College Faculty Scholarship (10 month)      \$ \_\_\_\_\_ MONTHLY (10 month)

Begin Payment \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

*(NOTE: This form must be received by the CCF by the 5<sup>th</sup> of the month preceding the first payroll deduction).*

The Yosemite Community College District payroll office is hereby authorized to deduct from salary warrants due to me the sum indicated for payment to the Columbia College Foundation. This authorization is to remain in force from year to year until revoked or revised by me.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Complete and return to Columbia College Foundation, Manzanita 250, or scan and email to [kositskyc@yosemite.edu](mailto:kositskyc@yosemite.edu) Questions? Contact the Foundation at 209.588.5065, [nilsona@yosemite.edu](mailto:nilsona@yosemite.edu) or [kositskyc@yosemite.edu](mailto:kositskyc@yosemite.edu)

**Routing procedure for this form:**

CC Development/Foundation Office: Received \_\_\_\_\_

CC Business Office: Received \_\_\_\_\_

YCCD Payroll Office: Received \_\_\_\_\_