



Employee Charitable Contribution
Payroll Giving Authorization Form

YES! I want to support MiraCosta College and its students.

Employee Name: Employee ID or Last 4 of SS#:

Dept.: Mail Station: Work E-mail:

Work Telephone No.: Faculty, Staff or Associate Faculty (highlight which applies)

Are you an alum? Let us know! Yes/No (highlight which applies)

Designated Gifts

You have an opportunity to contribute to the college program or scholarship of your choice. You may designate your gift to one or more funds in any amount. Please indicate in the spaces provided below the fund/scholarship name, monthly amount donated to each fund, and action to be taken.

Table with 3 columns: Name of Fund(s)/Scholarship(s), Amount, Action. Includes rows for Fund/Scholarship, Amount \$, and Start / Terminate / Increase / Decrease.

Total charitable monthly contribution: \$
(Your gift is tax deductible as provided by law. MCC Foundation tax ID# 95-6151938)

I agree to the following:

- 1. I hereby authorize MiraCosta Community College District to initiate a payroll deduction, terminate a payroll deduction, or change a payroll deduction, as appropriate based on the action requested above.
2. I understand that if I am terminating a payroll deduction, the deduction may still be taken during the current payroll cycle due to the time needed to process the termination, and will not hold the MiraCosta Community College District liable for any deductions made.
3. I understand that if I am changing a payroll deduction, the change may not take effect during the current payroll cycle due to the time needed to process the change.
4. I understand that this authorization shall remain in effect until modified in writing by the undersigned.

Employee Signature: Date:

FOR PAYROLL USE ONLY

Vendor# 54-MCF-1: Month processes: Entered By:

Thank you for your support!