

MAKE A ONE-TIME DONATION

I would like to make *a one-time donation* of \$

To: (please make a selection)

Las Positas College Classified Student Scholarship / Las Positas College Foundation in the amount of \$

Las Positas College *Classified Senate Outstanding Classified Professional Award* / Las Positas College Foundation in the amount of \$

I'm giving *cash*, please send a receipt to

Please make checks payable to LAS POSITAS COLLEGE FOUNDATION

REQUEST A PAYROLL DEDUCTION

I hereby authorize Chabot-Las Positas Community College District payroll department to deduct \$ from my monthly paycheck.

I would like to change the amount of my existing monthly contribution to \$

per month.

To: (please make a selection)

Las Positas College Classified Student Scholarship / Las Positas College Foundation in the amount of \$

Las Positas College *Classified Senate Outstanding Classified Professional Award* / Las Positas College Foundation in the amount of \$\(\\$5 \) minimum contribution \)

I would like to **cancel** my existing monthly contribution.

I understand that my monthly payroll deduction will continue until the district receives my signed notification cancellation form.		of
Employee Name (please print clearly)	Employee W Number	
Signature	Date	

Note: Requests submitted by the 15th of the month should reflect on the employee's next paycheck. Payroll requires form in duplicate. Just complete this form and mail to Las Positas College Foundation, LPC Foundation, 3000 Campus Hill Dr, Livermore CA 94551 or mail it to Rifka Several at reveral@laspositascollege.edu | LPCF is a 501(c)(3), TAX ID #71-0942040.