FRIENDS OF CHABOT COLLEGE FOUNDATION

Monthly Payroll Contribution/Change Amount Authorization

Employee Information

W#

First & Last Name

Mailing Address
Street Unit/Apartment #

Mailing Address
City, State and Zip code

Email

Phone Number

Staff Classification (check one) ☐ Administrator ☐ Classified Professional ☐ Faculty

Payroll Contribution

Monthly Payroll Contribution Amount/Change (+/-): $

Effective Beginning Pay Period:

☐ Start
☐ Revise Existing
☐ Cancel

Designation of Gift

Allocate 100% of your monthly payroll contribution among one or more funds.
Enter a percentage next to each selected designation. Total allocations must equal 100%.

Greatest Need ☐ %

Other College Program/Organization: ☐ %

Other College Program/Organization: ☐ %

Total: 100%

Authorization

By signing/typing my name, I authorize the Chabot-Las Positas Community College District to deduct the amount listed above from my salary each month and remit it to the Friends of Chabot College Foundation. This authorization remains in effect until I submit a new form.

Sign/Type Name

Date

Return this form to:
The Friends of Chabot College
25555 Hesperian Blvd., Hayward, CA 94545

(510) 723-6633 | friendsofchabot@chabotcollege.edu | supportchabotcollege.org

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