

You Can Support
 Long Beach City College
 Through Easy Payroll Deductions



I want to support Long Beach City College students and programs!

Name (Please Print): _____
 Employee I.D. (or Social Security #): _____
 Address: _____
 City, ST, ZIP: _____
 Home Phone #: _____ / _____ Ext.: _____
 LBCC Department: _____
 Signature: _____ Date: _____

New Application	Changes to an Existing Application
Beginning on: _____ I authorize a payroll deduction of \$ _____ per month. I would like my donation to be applied to: <input type="checkbox"/> The General Fund <input type="checkbox"/> The _____ Associate Group <input type="checkbox"/> Undesignated Scholarships <input type="checkbox"/> The _____ Scholarship <input type="checkbox"/> The _____ Account <input type="checkbox"/> The Long Beach College Promise And split with (if applicable): _____	Beginning on: _____ I authorize: <input type="checkbox"/> Increase my deduction to: \$ _____/mo. <input type="checkbox"/> Change my designation to: _____ <input type="checkbox"/> Split my deductions between: _____ & _____ <input type="checkbox"/> Reduce my deduction to: \$ _____/mo. <input type="checkbox"/> Cancel my deductions.
<input type="checkbox"/> I would like my gift to be acknowledged as a "Gift From _____" <input type="checkbox"/> I would like to speak with someone about other gift plans.	

Please mail this form to:

Lois Schneider, LBCC Foundation, B-12