



LONG BEACH CITY COLLEGE FOUNDATION

I want to support LBCC students and programs through payroll deduction!

Name (Print): _____ Employee ID: _____

Address: _____

Cell Phone: _____ E-mail: _____

LBCC Department: _____ Mail Code: _____

Signature: _____ Date: _____

This is a(n):

☐ New Deduction

☐ Increase to an Existing Deduction

Beginning on _____, I authorize a payroll deduction of \$_____ per month (min. \$10) as a pre-tax, tax-deductible gift to the LBCC Foundation. Please apply my gift to (if selecting two options, please indicate the amount you would like to go to each):

☐ Long Beach College Promise

☐ Scholarship:

☐ General ☐ Specific: _____

☐ LBCC Alumni Association

☐ LBCC Viking Athletics Club

☐ Associate Groups

☐ Child Development Associates

☐ Helping the Homeless Students Associates

☐ Fine Arts Associates

☐ Library Learning Resources Associates

☐ Friends of Languages Associates

☐ Senior Studies Associates

☐ Healthcare Associates

☐ LBCC Department: _____

Please return this form to:

Lois Schneider

LBCC Foundation, B-12

lschneider@lbcc.edu