



Foothill-De Anza Community College District Payroll Services Deduction Request

I, _____ authorize the Foothill-De Anza Community College District to deduct a total of \$_____ per month (\$5 minimum) from my paycheck as a voluntary tax-deductible contribution to:

Black Faculty, Staff and Administrators (BFSA) Network

- 844-407 – Operations \$_____ (Amount)
- 844-408 – Scholarship \$_____ (Amount)

Please start my deduction with paycheck dated _____ (month), _____ (year) until further notice.

Your Name: _____
 Signature: _____
 Campus ID: _____
 Date: _____

Employee Status (Check One)

- 12 Month 11 Month 10 Month Part-time Faculty

Please return the complete form to:

Foothill-De Anza Foundation
 12345 El Monte Road
 Los Altos Hills, CA 94022

Must be received by the Foundation by the 15th in order to process for the current month.

Questions? Please call the Foundation Office at 650-949-6230.
Thank you very much for supporting our students and programs.

(For Foundation/Payroll staff use)

Foundation:

- AGAPLDG \$_____ (annual pledge amount) Date: _____
- Additional Pledge

Payroll:

- PEAFFDED (deduction code 825/gift type PD) Date: _____
- Additional Pledge (must use another deduction code besides 825)