

Merced College Classified Senate Fund Administered through the Foundation Payroll Deduction Pledge Form 2015-2016

For Classified by Classified

NAME:	
ADDRESS:	
CITY:	ZIP:
PHONE:	EMAIL:
SIGNATURE:	DATE:
Please deduct the following amor	unt from my monthly check:
	☐ This is an increase/decrease in my deduction. ne-time donation to Merced College Classified Senate.
Enclosed is my check (pay Foundation account).	yable to the Merced College Classified Senate
Restricted gifts are specific to a g	group or area. Restricted Account.
*Please restrict my donations to t	he following area:
Classified Senate Foundation Ac	count

Return this form to the Merced College Foundation, Stop #3. <u>All donations to the Foundation</u> <u>are tax deductible.</u> For more information, contact Robin Shepard at Ext. 6470.