



The Fullerton College Foundation

In appreciation of Fullerton College and the students, I pledge the following:

- A. \$_____ to be deducted **from each** paycheck beginning on _____(date).
I understand this payroll deduction will continue until I notify the District Office in writing to change or discontinue this deduction.
- B. \$_____ One-time payment Enclosed

Does this replace a current payroll deduction? (Yes)____ (No)_____

Is this in addition to a current payroll deduction? (Yes)____ (No)_____

Print Name: _____

Dept: _____ Date: _____

Signature: _____

This donation is for:

- 1. _____ Fullerton College Foundation Unrestricted Fund (Where the need is greatest)
- 2. _____ Fullerton College Scholarship Fund (specify scholarship name) _____
- 3. _____ Division Scholarship (Specify scholarship name) _____
- 4. _____ Fullerton College Emergency Grants
- 5. _____ Chris Lamm and Toni DuBois-Walker Memorial Food Bank

PLEASE RETURN THIS FORM TO THE FULLERTON COLLEGE FOUNDATION:

PO Box 431
Fullerton, CA 92836

Tel: (714) 992-7790
Fax: (714) 992-9949

info@foundationfc.com

To those of you who are currently donating to

The Fullerton College Foundation, please accept our heartfelt thanks!