



Classified Senate Donation Form

Classified Senate

Request a Payroll Deduction _____

I hereby authorize Chabot-Las Positas Community College District payroll department to deduct the following amount from my monthly paycheck \$ _____

I would like to change the amount of my existing monthly contribution to the following amount per month \$ _____

To: (please make a selection) _____

Las Positas College Classified Senate Student Scholarship / Las Positas College Foundation in the amount of \$ _____

Las Positas College Classified Senate Outstanding Classified Professional Award / Las Positas College Foundation in the amount of \$ _____

Las Positas College Classified Senate General Support / Las Positas College Foundation in the amount of \$ _____

(\$5 minimum contribution)

I would like to cancel my existing monthly contribution.

Signature _____

I understand that my monthly payroll deduction will continue until the district receives my signed notification of cancellation form.

Employee Name _____

Employee W# _____

Employee Signature _____

Date _____

Note: Requests submitted by the 15th of the month should reflect on the employee's next paycheck. Payroll requires form in duplicate. Complete this form and mail to Las Positas College Foundation, LPC Foundation, 3000 Campus Hill Dr, Livermore CA 94551 or email it to Helen Cuckler at hcuckler@laspositascollege.edu | LPCF is a 501(c)(3), TAX ID #71-0942040.

Thank you for your generosity

