



**Foothill-De Anza
Community College District
Payroll Services Deduction Request**

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

- Educational Excellence Fund
- Specific Program

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
Or email: foundation@fhda.edu

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

Questions? Email foundation@fhda.edu or call 650.949.6233
Thank you very much for supporting our students and programs.

(For Foundation/Payroll staff use)

Foundation:

- Recurring Gift Set-up Date: _____
- Additional Pledge

Payroll:

- PEAFFDED (deduction code 827/828/829 /gift type PD)
Date: _____
- Additional Pledge