



Foothill-De Anza Community College District

Payroll Services Deduction Withholding 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:

Foothill-De Anza Foundation _____
De Anza College _____
Foothill College _____
Specific Program _____

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

Your Name (Please print): _____

Signature: _____

Campus ID: _____

Date: _____

Please return the complete form to:

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

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

(For Payroll staff use)

Date Received: _____ Deduction Code: _____

Date Entered: _____ By: _____