CLASSIFIED SENATE
LAS POSITAS COLLEGE

Classified Senate Donation Form

Request/Change/Withdraw a Payroll Deduction

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

☐ I hereby authorize Chabot-Las Positas Community College District payroll department to change my existing monthly deduction to the following amount per month $ _____

My monthly deduction should go to (please select one or more of the following):

☐ Las Positas College Classified Senate General account (supports professional development opportunities and social events) in the amount of $ _____

☐ Las Positas College Classified Senate Awards and Programs (supports student scholarships and outstanding classified professional of the year award) in the amount of $ _____

$5 minimum contribution

☐ I hereby request to cancel my existing monthly contribution

Signature _____

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

Employee Name _____

Employee W# _____

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 deliver 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) nonprofit, TAX ID: #71-0942040

Make a Monetary Contribution by Cash or Check

Checks payable to "LPC Foundation - Classified Senate," along with this form, may be delivered to the Foundation Office in the 1600 Building or submitted to the Classified Senate President or Treasurer. Cash contributions may be submitted in the same manner.

☐ Classified Senate General Account

☐ Classified Senate Awards and Programs

Signature _____

Thank you for your generosity

LAS POSITAS COLLEGE FOUNDATION