

**I want to support College of Marin students and programs.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

COM DEPARTMENT \_\_\_\_\_ EXT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**New Payroll Deduction**

I authorize a deduction of \$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_ (DATE)

I would like my donation to be applied to:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adapted PE               | <input type="checkbox"/> EOPS              | <input type="checkbox"/> Science Museum                 |
| <input type="checkbox"/> Area of Greatest Need    | <input type="checkbox"/> Fine Arts Gallery | <input type="checkbox"/> Seiderman Institute            |
| <input type="checkbox"/> Athletics                | <input type="checkbox"/> Marin Oratorio    | <input type="checkbox"/> Student Accessibility Services |
| <input type="checkbox"/> COM Cupboard             | <input type="checkbox"/> Mini-Med          | <input type="checkbox"/> Student Scholarships           |
| <input type="checkbox"/> COM Retiree Scholarship  | <input type="checkbox"/> Music             | <input type="checkbox"/> Veterans Services              |
| <input type="checkbox"/> Drama                    | <input type="checkbox"/> Nursing Program   | <input type="checkbox"/> Donor Designated               |
| <input type="checkbox"/> Eldridge Book Grant Fund | <input type="checkbox"/> Performing Arts   | <input type="checkbox"/> Other _____                    |

**Revision to Existing Payroll Deduction**

- I authorize a payroll deduction increase of \$ \_\_\_\_\_ for a total deduction of \$ \_\_\_\_\_ per pay period beginning on \_\_\_\_\_ (DATE)
- Change my designation to \_\_\_\_\_
- Cancel my deduction as of \_\_\_\_\_ (DATE)

Please return form to:  
**Linda Frank**  
Office of Advancement  
lfrank@marin.edu  
415.485.9528