

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ 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:

Area of Greatest Need

This program \_\_\_\_\_

Student Scholarships       The \_\_\_\_\_ Scholarship  
(PROVIDE NAME)

Jack Eldridge Book Grants

**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)

I would like to speak with someone about other giving options.

Please send form to:  
**College of Marin Office of Advancement**  
835 College Avenue  
Kentfield, CA 94904  
Attention: Connie Siegenthaler  
cmsiegenthaler@marin.edu  
415.485.9653