

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:

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

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 send form to:
Connie Siegenthaler
cmsiegenthaler@marin.edu
415.485.9653