



College Employee's Annual Fund

EMPLOYEE NAME: Last _____	First _____	Middle Initial _____	Social Security Number (last 4 digits only) XXX - XX -
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I am pleased to make the following contribution to the Allan Hancock College Foundation to help provide for excellence in academic and student services programs offered at Allan Hancock College.

STEP #1 - Select the method of giving that works best for you.

Payroll Deduction - (available only to full-time/permanent employees) – Complete the following payroll deduction information. I hereby request Allan Hancock College to continue implement revise/amend cancel my payroll deduction to the AHC Foundation. I authorize Allan Hancock College to deduct \$_____ monthly from my salary, with the understanding that this deduction will continue each month thereafter until I notify the district to amend or cancel my contribution. **Note:** Your signature is required below to authorize additions and/or changes to your payroll deduction.

or

Automatic Payment - This is a great way to spread your contribution over the entire year. We can assist by helping you set up a direct debit to go from your bank account directly to the foundation each month. If you would like to receive additional information on how this works, **check this box** The foundation office will forward the necessary form and instructions to you.

or

Cash/Check - Enclose your contribution with this form. Amount \$_____ (Payable to AHC Foundation)

or

Credit Card - Complete the following credit card information: MasterCard Visa

Amount \$_____ Card Number _____ Expiration _____

Card Holder's Name (please print) _____

Home Address _____ Home Phone _____

City _____ Zip _____ Campus Extension _____

Email _____

STEP #2 - Sign and date this form.

Donor's Signature **Date**

STEP #3 - Designate where you would like your gift to be used. Gifts may be split between funds.

Unrestricted \$_____ (Supports areas of greatest need)

President's Circle \$_____ (Annual contribution of \$1,000)

Restricted - Special Project Funds

- General Scholarships \$_____
- Capital Campaign \$_____
- AHC Retirees' Scholarship \$_____
- AB 540 Dream Project \$_____
- Art Scholarship \$_____
- Athletics \$_____
- Basic Math Skills \$_____
- CARE Program \$_____
- Computer Business Office Tech \$_____
- Concert Band \$_____
- Childcare Program \$_____

- CSEA Scholarship \$_____
- Engineering Program \$_____
- Family & Consumer Science \$_____
- Film & Video \$_____
- Friends of the Library \$_____
- Friends of the Library/Childrens' Literature \$_____
- Friends of Nursing \$_____
- Landscaping \$_____
- Library Jim Morrow Book Fund \$_____
- LVC Beautification \$_____
- Nursing Scholarship \$_____
- Public Affairs Special Projects \$_____
- Science Field Studies Program \$_____
- Social Science/Political Science \$_____
- Student Services Scholarship \$_____
- _____ \$_____

Please return completed form to AHC Foundation, 936 So. College Drive, P.O. Box 5170, Santa Maria, CA 93456