



SANTA MONICA COLLEGE
FOUNDATION

For Office Use Only

Date Form Received _____

SMC PAYROLL DEDUCTION AUTHORIZATION FORM

FULL NAME

MOBILE PHONE

LAST 4 DIGITS OF SS#

PERSONAL MAILING ADDRESS (required)

PERSONAL EMAIL (required)

NEW CONTRIBUTIONS: PLEASE DEDUCT MONTHLY

Fill in all that apply

\$ _____ President's Circle (min \$100 monthly, Sept – June)

\$ _____ SMC Associates (min \$10 monthly, Sept – June)

\$ _____ Other for _____

TOTAL \$ _____ Monthly Deduction

CHANGES: PLEASE REVISE MY MONTHLY CONTRIBUTION(S)

Fill in all that apply

Revised Amt. \$ _____ President's Circle

Revised Amt. \$ _____ SMC Associates

Revised Amt. \$ _____ Other for _____

TOTAL \$ _____ Monthly Deduction

EMPLOYEE SIGNATURE

DATE

PLEASE RETURN COMPLETED FORM TO SANTA MONICA COLLEGE FOUNDATION 1900 PICO BLVD., SANTA MONICA, CA 90405 310.434.4215