



*I want to join my colleagues in supporting
 American River College students and programs.*

Name (please print): _____ Employee ID Number: _____

Address: _____

City, State, Zip: _____

Home Phone: () _____ College Phone Ext: _____

ARC Department: _____ Position: _____

A. The ARC Fund

I authorize a monthly payroll deduction of \$ _____ to be deposited into **The ARC Fund** supporting the Student Emergency Fund, Innovation Grants, Pitch a Project funding and Student Scholarships.

B. I would also like to make a donation of:

OFFICE USE ONLY - BUDGET CODE

\$ _____ to support the following funds:

NAME OF FUND: _____ \$ _____ AMOUNT:

NAME OF FUND: _____ \$ _____ AMOUNT:

C. I already have payroll deduction but would like to:

OFFICE USE ONLY - BUDGET CODE

ADD CHANGE or DELETE my total monthly gift of \$ _____ to support the following:

NAME OF FUND: _____ \$ _____ AMOUNT:

NAME OF FUND: _____ \$ _____ AMOUNT:

I authorize my total monthly payroll deduction listed above (Sections A, B and C) to begin on _____

Signature: _____ Date: _____

Please mail or drop this form off at:
 ARC Office of Philanthropy
 4700 College Oak Drive
 Sacramento, CA 95841
 Attention: Kirsten DuBray, Director of Donor Relations

Thank you for your support!