

Imperial Valley Regional Occupational Program

IVROP Community Foundation Payroll Deduction Form 2024-2025

Authorization:

I wish to contribute to the Imperial Valley Regional Occupational Program Community Foundation scholarship fund in the amount of (check one):

- \$ _____ a month commencing on the _____
(date) payroll for _____ (# of months) consecutive months.
- \$ _____ for a one-time contribution on the _____
(date) payroll.

The authorization is made valid by my signature below for the current fiscal year only. My signature is required annually for renewal of monthly contributions or for new one-time contributions.

Employee Signature

Social Security Number

Date

Thank you for contributing!