

THE EMPLOYEE PHILANTHROPY PROGRAM

*A pledge for your benefit
through payroll participation*



*Excellence in
Education*



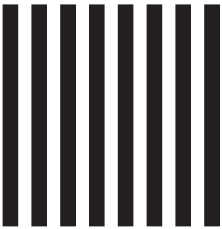
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WEST HILLS COMMUNITY COLLEGE FOUNDATION
9900 CODY STREET
COALINGA, CA 93210



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A Pledge for Your Benefit

Founded in 1983, your Foundation is the tax-exempt 501©(3) subsidiary authorized to develop, receive, manage and disburse philanthropic gifts and grants for all not-for-profit entities of West Hills Community College Foundation. These gifts support educational and scholarship programs.

Your role at West Hills College is to do your job to the best of your ability. Another way you can help the growth and strength of your workplace is by letting others know about the Foundation and participating in the Employee Philanthropy Program. Your gift provides three benefits:

1. **A tax-deduction for you.**
2. **Recognition in the Foundation Honor Roll.**
3. **Help to provide that “excellence in education” for the students you serve.**

A small payroll deduction adds up to a large gift and tax deduction:

Example:

<i>Amount Per Pay Period</i>	<i>Gift Per Year</i>
\$125.00	\$1,500.00
83.34	1,000.00
62.50	750.00
41.66	500.00
20.83	250.00
16.66	200.00
8.33	100.00

By completing the attached pledge card, the gift amount you select will be deducted automatically and noted on your paycheck stub. For more information about the Employee Philanthropy Program, on outright giving or opportunities or receive personal income from a charitable trust or annuity call

559.934.2134 or
e-mail: francesquire@whccd.edu



*Once you go here,
you can go anywhere™*
DISTRICT 9900 Cody Street, Coalinga, CA 93210 (800) 266-1114 www.westhillscollege.com

Employee Philanthropy Program

Deduction Authorization Form

Please return to the West Hills Community College Foundation in the District Office

Name _____

Address _____

City _____ State _____ Zip _____

Ph _____ Email _____

Campus _____ Department _____

I authorize West Hills Community College District to deduct and forward to West Hills Community College Foundation each pay period during my employment the amount set out below for the purpose indicated. This arrangement is to remain in effect for a minimum of one year and then will continue unless canceled in writing by me.

Amount: \$ _____ per pay period

Please deposit my funds into the following (more than one can be checked):

\$ _____ Unrestricted for where the need is greatest

\$ _____ West Hills College Coalinga

\$ _____ West Hills College Lemoore

\$ _____ NAS, Lemoore

\$ _____ North District Center, Firebaugh

\$ _____ General Scholarship Fund

\$ _____ Other _____

Signature: _____

Date: _____

Contact me about:

- Making a gift.
- Remembering WHCCD/WHCCF in my Will/Trust.
- Giving opportunities that provide income.
- I have already designated WHCCF in my Will/Trust.