

# Imperial Valley Regional Occupational Program

## IVROP Community Foundation Payroll Deduction Form 2023-2024

### 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!**