



Fill out the form below to **Pay it Forward** today!

Don't see an option for you? No problem! AHC's Employee Giving program is **fully customizable**.

Call us at **1-805-922-6966 ext. 3621** to set up the plan that's best for you.

## **EMPLOYEE INFO:**

Employee Last Name	First Name	N	11	H #	
Address	City	S	tate	Zip	
Campus Extension Mobile Pho	one AHC Dept.	H	ancock email		
<b>DESIGNATION</b> You may cor	stribute to more than one schola	rship or progra	am. Select the pro	ogram(s) where your	gift will be directed.
☐ Scholarship name:				□	] Hancock Promise
☐ Student Emergency Fund ☐	Other AHC Program:				
MONTHLY GIFT - PAYROLL E  ☐ This is a new payroll dedu  I authorize Allan Hancock College  Employee Signature	ction.	th for the abov	e scholarship(s)	and/or program(s).	
Comments (if you are giving to mo					
CREDIT CARD  I authorize the AHC Foundation for the above scholarship(s) at Comments (if you are giving to mo	nd/or program(s).			•	
Cardholder's Name		_ Card Type: [	American Expre	ess □ Discover □ N	MasterCard □ Visa
Card #	CVC #	Expires	Signature		
ONE-TIME GIFT – CHECK OR	CASH				

A special thank you to those Hancock employees who are currently supporting our students and programs.

☐ Enclosed is my check made payable to the AHC Foundation or cash for \$ \_\_\_\_\_\_

The Allan Hancock College Foundation is an IRS recognized 501(c)(3) non-profit organization Tax ID #95-3143396. Donations are fully tax deductible.