



The Renegade Pantry

Campus Center CC4
661.395.4355

**Return this copy to the
Renegade Pantry
Campus Center - CC4**

PAYROLL DEDUCTION FORM

In support of the Mission of the Renegade Pantry, I make the following gift:

My monthly pledge is: ___ \$5 ___ \$10 ___ \$25 ___ Other

TOTAL GIFT: (monthly x 12)
\$ _____

The Renegade Pantry is committed to serving the student body by providing food for students in need. Our goal is to help maintain the health and welfare of the students at Bakersfield College. We are eliminating hunger, one student at a time.

I hereby authorize the Kern Community College District to withhold from my monthly payroll warrant the amount indicated above and send that sum to the Renegade Pantry. I understand that this authorization will remain in effect until further notice unless terminated by me on thirty (30) days written notice to the district payroll office.

Signature: _____ Date: _____
Printed Name: _____ Employee ID: _____
Home Address: _____ Home Phone: _____



The Renegade Pantry

Campus Center CC4
661.395.4355

**Keep this copy
for your records.**

PAYROLL DEDUCTION FORM

In support of the Mission of the Renegade Pantry, I make the following gift:

My monthly pledge is: ___ \$5 ___ \$10 ___ \$25 ___ Other

TOTAL GIFT: (monthly x 12)
\$ _____

The Renegade Pantry is committed to serving the student body by providing food for students in need. Our goal is to help maintain the health and welfare of the students at Bakersfield College. We are eliminating hunger, one student at a time.

I hereby authorize the Kern Community College District to withhold from my monthly payroll warrant the amount indicated above and send that sum to the Renegade Pantry. I understand that this authorization will remain in effect until further notice unless terminated by me on thirty (30) days written notice to the district payroll office.

Signature: _____ Date: _____
Printed Name: _____ Employee ID: _____
Home Address: _____ Home Phone: _____
