

WORKPLACE GIVING CAMPAIGN

Payroll Contribution Election Form

EMPLOYEE INFORMATION

EMPLOYEE FULL NAME _____

EMPLOYEE ID / NUMBER _____

DEPARTMENT / DIVISION _____

JOB TITLE _____

EMAIL ADDRESS _____

PHONE NUMBER _____

CONTRIBUTION ELECTION

Please select your payroll deduction preference below:

☐

One-Time Contribution Deduct the total amount indicated below from my next scheduled pay period.

☐

Recurring Payroll Deduction Deduct the specified amount per pay period for the duration of the campaign year.

CHARITY DESIGNATION & AMOUNTS

Designated Charitable Organization Name	EIN / Tax ID (if known)	Amount Per Pay Period (\$)

TOTAL CONTRIBUTION: \$ _____

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to withhold the designated amount(s) from my pay each pay period as indicated above and to distribute these funds to the designated charitable organization(s). I understand that this authorization is voluntary and will remain in effect for the duration of the specified campaign period, or until I submit written notification to revoke or amend this election.

EMPLOYEE SIGNATURE

DATE

FOR PAYROLL / HR DEPARTMENT USE ONLY

DATE RECEIVED

PROCESSED BY (NAME)

EFFECTIVE PAY PERIOD DATE

SIGNATURE OF HR Representative

Please return the completed and signed form to your Human Resources or Payroll Department. Keep a copy for your records.