



PAYROLL DEDUCTION FORM

Please clearly print all information.

CONTRIBUTOR INFORMATION

Name _____

Email _____

Employee Number _____ Work Location _____

Signature _____ Date _____ / _____ / _____

I would prefer that this contribution and/or name be kept confidential. Thanks!

DEFINED PERIOD PAYROLL DEDUCTIONS

Payroll deduction \$ _____ x _____ = _____
Amount # Pay periods Total

ONE-TIME PAYROLL DEDUCTION

One-time payroll deduction in the amount of \$ _____. Please deduct this amount from my paycheck on the following date: ____/____/____. (Please allow two weeks for processing.)

Check this box if you'd like the deduction taken from your bonus check on June 30, 2014. For bonus deduction, please return this completed form by June 15, 2014.

ONGOING PAYROLL DEDUCTIONS

Payroll deduction in the amount of \$ _____ per pay period until I notify payroll to discontinue my deductions.

DEDUCTION EFFECTIVE DATE

(Please allow two weeks advance notice for processing.)

I authorize deductions to begin on the following pay date: ____/____/____, understanding that deductions will be taken out of two paychecks per month. Deductions will continue for the total number of pay periods indicated above or until I notify payroll to discontinue my deductions by submitting another form.

DISCONTINUE PAYROLL DEDUCTIONS

I would like to discontinue my payroll deductions to the Patterson Foundation. The effective date shall be the following pay date: ____/____/____ (Please allow two weeks advance notice for processing.)

PLEASE FORWARD COMPLETED FORM TO:

Michelle Mennicke, Foundation Manager
Patterson Foundation
1031 Mendota Heights Road, St. Paul, MN 55120
www.pattersonfoundation.net | Phone: 651-686-1929

IMPORTANT TAX INFORMATION:

Please retain a copy of this form for your tax records. Your contribution is tax deductible, in accordance with the Foundation's non-profit 501(c)(3) IRS tax status. No goods or services were exchanged for this donation.