

## Payroll Deduction Authorization Form for Charitable Contributions to Cancer Services of Grant County

Cancer Services of Grant County helps people facing cancer in our community. We are a local 501(c)(3) nonprofit organization providing assistance to local people. All services are provided FREE of charge. We are supported solely through fundraisers, grants, and donations. To contribute to Cancer Services of Grant County, please complete this form, sign, and return to your finance department.

nployee Name:	Employee ID:
ddress:	City & Zip:
none: Email:	_
	ant County through payroll deduction. I understand that this
eduction will begin immediately and continue un ake changes.	ntil I provide other instructions to the Finance Department to cancel or
☐ I would like to deduct charitable contribut	ions each pay period in the amount of:
□ \$10	. ,.
□ \$20	
□ \$30	
□ \$50	
□ \$75	
□ \$100	
☐ Other: \$	<u> </u>
☐ I would like to donate% of	my salary each pay period.
☐ I would like to make a one-time charitable	e contribution in the amount of: \$
Please authorize your donation by signing be	low:
Signature	Date