



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, 20____. For bonus deduction, please return this completed form by June 15, 20____.

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.