



YMCA of the Greater Twin Cities Team Member Donation Form – Payroll Deduction

(Please open and fill out the form in Adobe, not in your browser. Once completed please click "Submit" and a dialogue box will pop up. Select default email application (it should be Microsoft Outlook) and click "Continue". An email window should appear with your form already attached and hit "Send". You will receive an email from Employee.Giving confirming your form has been received.)

Name:
Employee ID#:
Address:
Phone:
Email:

I would like to enroll in the ongoing PAYROLL SUSTAINER PROGRAM, which will deduct the amount(s) indicated below from my paycheck twice a month. I understand that these twice-monthly deductions will continue until I ask to change or end my donations. (Minimum deduction amount is \$1.00 per paycheck.)

Enrollment by the 15th of the month ensures deductions beginning the following month. Exception: Deductions beginning January 2019 must be submitted by November 21, 2018.

\$ _____ per paycheck for the _____ Annual Fund

Additional Site: Amount:
Additional Site: Amount:
Additional Site: Amount:
Additional Site: Amount:

I would like to pay my pledge through a ONE-TIME payroll deduction, which will deduct the amount(s) indicated below from one paycheck during the month indicated below. (Minimum deduction amount is \$10.00.)

\$ _____ from one paycheck for the _____ Annual Fund

Additional Site: Amount:
Additional Site: Amount:
Additional Site: Amount:
Additional Site: Amount:

Paycheck month:

Print name as donor would like to appear in formal recognitions and/or publications:

Donor prefers to be anonymous.

**I authorize the YMCA to deduct payments from my paycheck(s) as indicated above.
Electronic signature: _____ Date: _____**

THANK YOU FOR YOUR SUPPORT OF THE Y'S CAUSE!