



# 2014 Governor's State Employees Food Drive

## Payroll Deduction Form



1. Complete this form to donate through a payroll deduction. Be sure to write the designation code for the Regional Food Bank you wish to receive your donation (see back for codes).
2. Return this form by Friday, February 28, 2014, to your Agency/Site Coordinator, who will forward it on to your agency's payroll office.

### State of Oregon - OSPA Authorization for Payroll Deduction

Employee Name \_\_\_\_\_ Employee ID (NOT SSN) \_\_\_\_\_ Agency Number \_\_\_\_\_ Regional Food Bank Code \_\_\_\_\_

I, \_\_\_\_\_, authorize the State of Oregon to:

- ☐ I want to support the drive by meeting the Governor's Challenge at the **Bronze** level (\$120 for the year, or \$10 a month)
- ☐ I want to support the drive by meeting the Governor's Challenge at the **Silver** level (\$240 a year, or \$20 a month)
- ☐ I want to support the drive by meeting the Governor's Challenge at the **Gold** level (\$360 for the year, or \$30 a month)
- ☐ I want to support the drive by meeting the Governor's Challenge at the **Platinum** level (\$480 a year, or \$40 a month)

-choose the frequency of your deduction – if no selection is made, your donation will be taken out at the monthly rate.-

- ☐ withhold \$\_\_\_\_\_ from my paycheck **each monthly pay period**. I understand that this deduction will continue for 12 consecutive months, at which time I may renew my authorization.
- ☐ withhold \$\_\_\_\_\_ from my paycheck for a **one-time donation**.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



**If you would like a thank you note from your Regional Food Bank (see reverse), please complete the following information.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Regional Food Bank Code

Thank you for your generosity!

All gifts are tax-deductible to the full extent allowed by law.

Payroll deductions will appear on your payroll statements.

## 2014 Governor's State Employees Food Drive

**AGENCY COORDINATOR: Please separate and return the lower portion of this form to the designated Regional Food Bank. DO NOT include the upper portion.**

<b>Regional Food Banks</b>	<b>Counties Served</b>	<b>Designation Code</b>
Community Connection	Baker	BK06
Linn Benton Food Share	Benton	BK11
Oregon Food Bank Metro Services	Clackamas	BK15
Oregon Food Bank Metro Services	Clark	BK15
Clatsop Regional Food Bank	Clatsop	BK04
Columbia Pacific Food Bank	Columbia	BK05
South Coast Food Share Services	Coos	BK17
NeighborImpact	Crook	BK03
South Coast Food Share Services	Curry	BK17
NeighborImpact	Deschutes	BK03
UCAN Food Share	Douglas	BK19
CAPECO Food Share	Gilliam	BK02
Community Connection	Grant	BK06
Southeast Oregon Regional Food Bank	Harney	BK12
Mid-Columbia Community Action	Hood River	BK14
Access Food Share	Jackson	BK01
NeighborImpact	Jefferson	BK03
Josephine County Food Bank	Josephine	BK08
Klamath/Lake Counties Food Bank	Klamath	BK09
Klamath/Lake Counties Food Bank	Lake	BK09
FOOD for Lane County	Lane	BK07
Lincoln County Food Share	Lincoln	BK10
Linn Benton Food Share	Linn	BK11
Southeast Oregon Regional Food Bank	Malheur	BK12
Marion-Polk Food Share	Marion	BK13
CAPECO Food Share	Morrow	BK02
Oregon Food Bank Metro Services	Multnomah	BK15
Marion-Polk Food Share	Polk	BK13
Mid-Columbia Community Action	Sherman	BK14
Regional Food Bank of Tillamook Co.	Tillamook	BK16
CAPECO Food Share	Umatilla	BK02
Community Connection	Union	BK06
Community Connection	Wallowa	BK06
Mid-Columbia Community Action	Wasco	BK14
Oregon Food Bank - Washington County	Washington	BK18
CAPECO Food Share	Wheeler	BK02
Yamhill County Food Bank	Yamhill	BK20