

Return completed form to:  
(INSERT NAME AND DEPARTMENT)

**PAYROLL DEDUCTION AUTHORIZATION**



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

Work Number: \_\_\_\_\_ Dept. \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to deduct from my salary, until further notice, \$ \_\_\_\_\_ per pay period to support the Crohn's & Colitis Foundation of America (CCFA). The Foundation is a non-profit 501 (3) (c) corporation. Contributions to CCFA are tax- exempt. Charitable donations can help reduce your income tax liability for the calendar year in which it is made.

This payroll deduction will start with the next pay period. These contributions through payroll deductions are to be used to support the mission of CCFA

Designation (*list dollar amount for each pay period deduction*): \$ \_\_\_\_\_ Total per pay period

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Calculating Your Payroll Deduction**

The following table provides examples of giving per month over 26 pay periods.

Gift Level	Monthly Payroll Deduction	Actual Total Gift	Biweekly Payroll Deduction	Actual Total Gift
\$50	\$4.17	\$50.04	\$1.93	\$50.18
\$100	\$8.34	\$100.08	\$3.85	\$100.10
\$250	\$20.84	\$250.08	\$9.62	\$250.12
\$500	\$41.67	\$500.04	\$19.24	\$500.24
\$750	\$62.51	\$750.12	\$28.86	\$750.36
\$1,000	\$83.34	\$1,000.08	\$38.47	\$1,000.22
\$2,500	\$208.34	\$2,500.08	\$96.16	\$2,500.16