

2022 STAFF GIVING DONATION FORM



My Gift

My total gift to the Community Relief Fund: \$_____.

Your Name

Home Address

work site location

Email Address

Home/Cell Phone #

MY CONTRIBUTION: Dollars raised are for our Community Relief Fund, general use to support programs and services where most needed. Your donation helps ensure that the agency has the right people, skills, space and equipment.

I wish to remain anonymous.

EASY PAYROLL DEDUCTION

Please select a start date. This deduction will run continuously until Human Resources receives a request from you to stop in writing.

OTHER WAYS TO GIVE

My gift of \$_____ is enclosed

- Payroll Deduction* (fill out the section below)
- Check (payable to Community Action Agency)
- Online
- Credit Card:

Card number

Exp date

Security Code

Zip Code

MY PLEDGE PER BI-WEEKLY (26) PAY PERIOD:

\$_____ each per pay period for 1 5 13 26 Other _____ pay periods

Your Signature (form must be signed)

Date

Please return this form to Amanda Jenkins at ajenkins@cincy-caa.org.

THANK YOU! Your gift has a real impact and may be tax-deductible.

Payroll deduction will begin September 2nd pay