



## CLIO AREA SCHOOLS EMPLOYEE DONATION FORM

I, \_\_\_\_\_ wish to contribute to the following organizations:  
Printed Employee Name

ORGANIZATION	DONATION AMOUNT Per Check	NUMBER OF PAYS
The Community Foundation of Greater Flint CAEF	\$ _____ x <input checked="" type="checkbox"/> One <input type="checkbox"/> Five <input type="checkbox"/> Ten <input type="checkbox"/> All/Remaining <input type="checkbox"/> Other _____	
The Community Foundation of Greater Flint Latture Family Fund	\$ _____ x <input checked="" type="checkbox"/> One <input type="checkbox"/> Five <input type="checkbox"/> Ten <input type="checkbox"/> All/Remaining <input type="checkbox"/> Other _____	
United Way	\$ _____ x <input checked="" type="checkbox"/> One <input type="checkbox"/> Five <input type="checkbox"/> Ten <input type="checkbox"/> All/Remaining <input type="checkbox"/> Other _____	

- You may submit your United Way donation amount online when the United Way email is sent out.
- If you submit both an online donation request and this form, the amount on this form will be used.

I authorize Clio Area Schools to deduct from my payroll check each pay in the amount and to the organizations listed above.

I understand that the deductions will continue each pay until the "Total Donation Limit Amount" is fulfilled or a written and dated request to stop payroll deductions is submitted.

I further understand that if "Number of Pays" is **not** checked, the amount per pay will continue until the end of the school year or a written and dated request to stop payroll deductions is submitted.

The payroll deductions will begin the next check date after submitting the form to payroll or the next pay that the donation deductions are scheduled to be withheld. If you have any questions, please feel free to contact payroll.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_