



Association Emergency Fund

Association Emergency Fund Donation Payroll Deduction Authorization

Name: _____

Social Security Number: _____

Total Gift Amount \$ _____

Amount per paycheck \$ _____ for _____ *(number of pay periods) = \$ _____ (total gift amount)

Signature _____ Date _____

Employee Classification: Classified Prof-Tech Faculty/Adjunct

Work Phone _____

E-Mail (optional): _____

In compliance with IRS regulations, your gift to the Association Emergency Fund is a tax-deductible contribution to the extent allowed by law.

Thank you for your contribution.

Please return this form to: Human Resources Payroll, HBC

Form may be faxed to 223-7605.