



**Oregon
Family Support
Network**

Authorization for Payroll Deducted Charitable Contribution

The Oregon Family Support Network (OFSN) is grateful for your generosity and commitment to supporting our mission. By completing this form, you authorize OFSN to deduct a specified amount from each of your paychecks as a charitable contribution.

Please complete the following information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____

CONTRIBUTION DETAILS

I authorize OFSN to deduct \$ _____ from each of my paychecks as a charitable contribution as described below.

Every Paycheck

Specific Number of Paychecks:

Other (Please specify):

Deduction will begin with the paycheck dated _____

TERMS OF AUTHORIZATION (please initial acknowledgement of each item)

I understand that my contributions will be used to support the mission and programs of _____ Oregon Family Support Network, a registered 501 (c) 3 nonprofit organization.

I understand that this deduction is voluntary and may be stopped or adjusted by providing _____ written notice to the organization's payroll department.

I acknowledge that this deduction is considered a charitable contribution and will be an _____ after tax deduction. A receipt for my annual contributions will be provided at the end of the calendar year.

I agree that the deductions will remain in effect until I submit a written request to modify or _____ cancel them.

I authorize Oregon Family Support Network to deduct the specified amount from my paycheck as outlined above.

Signature: _____ Date: _____

Thank you for your generosity and support of Oregon Family Support Network! If you have any questions please contact payroll at gweng@ofsn.net

FOR HR/PAYROLL USE ONLY

Date Received: _____ Effective Pay Period: _____ Entered by: _____

Confirmation sent to Development Dept.: _____ Confirmation sent to Employee: _____