

# neighbor<sup>to</sup> neighbor

a campaign of  
Aspen Valley Medical Foundation

## CHARITABLE PAYROLL DEDUCTION - HOW IT WORKS

- 1) An agreement has been made with your employer to implement a Charitable Payroll Deduction Plan.
- 2) You and your fellow employees make a financial pledge.
- 3) This form gives written authorization by you to your employer to deduct a specified amount from your paycheck.
- 4) Each pay period your contribution is forwarded to Neighbor to Neighbor by your employer.
- 5) Your contribution is tax deductible.
- 6) You may cancel at any time by notifying your employer.

DATE \_\_\_\_\_

## I want to participate in helping my community, and here's my pledge!

(to be completed in full by the employee)

- YES**, I authorize a regular automatic deduction per paycheck from January 1, \_\_\_\_\_, through December 31, \_\_\_\_\_ that will automatically renew annually until I cancel by notifying my payroll administrator.
- YES**, I authorize a regular automatic deduction per paycheck from January 1, \_\_\_\_\_, through December 31, \_\_\_\_\_ ONLY
- YES**, I prefer to make a one-time contribution in the amount of \$ \_\_\_\_\_

**Total Contribution:**  \$1  \$5  \$10  \$50  \$100  \$ (other)  
|----- per paycheck -----|

X  26 (bi-weekly)  12 (yearly)  (other) + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
|----- # of pay periods/year -----| Total yearly contribution

EMPLOYEE'S NAME (please print) \_\_\_\_\_

EMPLOYER/COMPANY NAME \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

EMPLOYEE MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

BEST PHONE FOR US TO REACH YOU  
IF WE HAVE QUESTIONS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Neighbor to Neighbor** a campaign of **Aspen Valley Medical Foundation**

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