

Council of Community Services

"helping people help themselves"



YES! I'd like to give to the Council of Community Services:

Employee Information

First Name M.I. Last Name

Mailing Address City State Zip Code

Email Address Phone Number

Employer Name

I'd like to contribute with a credit/debit card
 Monthly Gift
 on the _____ of each month \$ _____
 One-Time Gift
 \$ _____ Amount

I'd like to contribute by check/cash
 \$ _____ | _____ | _____
 Amount Check # Check Date

We'll contact you by phone to get the details!
Or call us at 307-686-2730

Please make checks payable to:
"Council of Community Services"

Payroll Deduction Information - To start January 1, 2020 or on this start date designated by the employee:

Option 1.

_____/_____/_____

I'd like to contribute this amount each pay period:
 \$5.00 \$10.00 \$25.00 \$50.00 Other \$ _____

I get paid: Weekly (52) Bi-Weekly (26) Semi-Monthly (24) Monthly (12)

Option 2.

I'd like to contribute this amount annually:
 \$500 \$1,000 \$2,000 \$4,000 Other \$ _____

I get paid: Weekly (52) Bi-Weekly (26) Semi-Monthly (24) Monthly (12)

Option 3.

I'd like to make a one-time contribution of:
\$ _____

To be deducted from paycheck (mark preference) #1 #2 #3 #4 #5 in _____
(preferred month)

Signature (Required)

Date

Thank you for your donation!

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records and a copy of your pay stub, W-2, or other employer document showing the amount withheld and paid to a charitable organization. The Council of Community Services is a non-profit 501(c)3 organization. Tax ID# 83-0239827