

AUTHORIZATION FOR PAYROLL DEDUCTION GIFT

I,(Please print)	, her	eby authorize Judson
to make a payroll deduction in th		
I would like to make this gift in ho	onor/memory of	
Choose method of payment be	elow:	
A one-time deduction will	be taken from the next	paycheck.
OR		
This gift will be deducted	over payche nber of paychecks)	ecks.
OR		
This gift will be an annua	l payroll deduction over	paychecks. (Number of paychecks)
Employee's signature	Dept.	Date
Please return this form to:		

Judson Foundation 16600 Warren Court Chagrin Falls, OH 44023 216-791-2013 Foundation@judsonsmartliving.org

Judson Foundation is a 501(C)(3) organization that supports the Judson communities and programs.

All contributions are tax deductible to the extent allowed by law.