

Moncrief Cancer Institute

Employee Giving Pledge Form

Contact Information

Name _____
First Last

Home Address _____
Street City State ZIP

Email _____ Phone _____

Employee ID _____ Dept/Location _____

Giving Options

☐ Recurring Payroll Deduction

I want the following amount deducted per pay period:

☐ \$5 ☐ \$10 ☐ \$15 ☐ \$25 ☐ Other \$ _____

☐ One Time Payroll Deduction

I want the following amount deducted per pay period:

☐ \$20 ☐ \$40 ☐ \$50 ☐ \$100 ☐ Other \$ _____

Signature _____ Date _____

I authorize my employer to deduct the amount selected from my paycheck either each pay period or one time (as indicated) as a charitable contribution from me to Moncrief Cancer institute. I understand that deductions will be made from my post-tax wages. As such, I am responsible to pursue any income tax deduction that I may be eligible to receive when filling my individual tax return. I further understand that I may cancel my donation at any time by providing written notice to my Payroll Department at least 10 days prior to the effective scheduled pay date chosen. No goods or services were provided in exchange for this contribution.