



## EMPLOYEE PAYROLL DEDUCTION FORM

*Name*

*First Name*

*Last Name*

*Address*

*Street Address*

*Postal / Zip Code*

*City*

*State / Province*

*Email Address*

*Phone number*

*Corporation/Business*

☐

SEARHC

☐

OTHER

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*PAYROLL DEDUCTION*

*Amount Per Pay Period*

(\$5, \$10, \$15, \$20, \$25, or other amount)

*One Time Donation Amount*

*I authorize my employer to make the above deductions from my paycheck in compliance with the terms above. I understand and agree that I am responsible for these voluntary deductions.*

*Signature*

THANK YOU  
FOR YOUR  
DONATION!

TO COMPLETE ENROLLMENT, EMAIL FORM TO  
PAYROLL OR TO MELISSAM@SEARHC.ORG