

PAYROLL DEDUCTION FORM

PLEASE GIVE THIS FORM TO YOUR PHILANTHROPY REPRESENTATIVE.

2024

Workplace: _____

Date: _____

PAYROLL DEDUCTION CONTACT INFORMATION

The person at our workplace responsible for overseeing payroll deductions is:

Name: _____

Phone: _____

Email address: _____

Fax: _____

Address: _____

PAYROLL COLLECTION AND DISBURSEMENT

Our workplace will begin deducting pledges from payrolls on: ____ / ____ / ____

Our workplace will send payroll deduction contributions to United Way of Anchorage:

- Monthly** **Quarterly** **Other:** _____

Our workplace will disburse payroll deduction contributions by:

- Check** **Direct deposit**

If sending a check, mail it to United Way of Anchorage, Attn: Finance, PO Box 200108, Anchorage, AK 99520. If doing a direct deposit, contact our finance team at (907) 263-3813 for ACH information.

DONOR TRACKING REPORT

Donor tracking reports allow United Way of Anchorage to match contributions with donors and honor designations. Our workplace will provide names and amounts by:

- Including it with our check.** **Emailing it to finance@ak.org.** **Other:** _____