

OAKDALE JOINT UNIFIED SCHOOL DISTRICT

VOLUNTARY

DONATION FORM

NAME OF EMPLOYEE	
EMPLOYEE ID #	

NAME OF CHARITY	MONTHLY AMOUNT TO BE DONATED	EFFECTIVE DATE

To be donated **each month** in the above amounts, will continue until you direct us to stop.

NAME OF CHARITY	ONE TIME AMOUNT TO BE DONATED	EFFECTIVE DATE

To be donated as a **one- time** donation only.

	Vendor Name	Vendor #
<input type="checkbox"/>	American Cancer Society	5500
<input type="checkbox"/>	American Heart Assoc.	5502
<input type="checkbox"/>	Community Sharing	5503
<input type="checkbox"/>	Special Olympics of Northern Cal.	5507
<input type="checkbox"/>	United Way of Stanislaus County	5508
<input type="checkbox"/>	Community Hospice	5509

	Vendor Name	Vendor #
<input type="checkbox"/>	Assoc. of Retarded Citizens of Stanislaus	5512
<input type="checkbox"/>	Oakdale Education Foundation	5517
<input type="checkbox"/>	Salvation Army-Modesto Citadel	5519
<input type="checkbox"/>	American Diabetes Association	5521
<input type="checkbox"/>	March of Dimes	5522

I hereby authorize the payroll department to deduct the above indicated amount from my monthly paycheck and submit it to the charity I have listed. I understand that this donation is entirely voluntary and that I can at anytime revoke my voluntary donation, I further understand that all changes need to be submitted to the payroll department by the 1st of any monthly to be processed in the end of month payroll.

Name of Employee

Date