



Arkansas 4-H Foundation, Inc.
Authorization for Payroll Deduction for an AR 4-H Foundation, Inc., Contribution

Last Name: _____ **First Name:** _____ **MI:** _____

Employee ID: _____ **Payroll Cycle:** _____
 (check one) **Hourly**
Semimonthly
Monthly

Please start my deductions on: _____ **Please make sure that this date is the 1st of a month.**

I would like for my tax deductible contribution to the Arkansas 4-H Foundation, Inc. to be applied as designated below. I have designated on the blanks to the right what scholarship, trip award or program I would like my donation to be applied towards.

<u>Amount</u>	<u>Fund</u>	<u>Designation</u>
\$ _____	4-H Center Camps	_____
\$ _____	College Scholarships	_____
\$ _____	National Trip Awards	_____
\$ _____	4-H Programs	_____
\$ _____	Undesignated	_____
\$ _____	Other	_____
\$ _____	Total Per Pay Period	_____

Discontinue my deductions on date: _____ **Daytime Telephone Number:** _____

Employee Signature: _____ **Date:** _____