Utah County Charitable Donation Form 

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to make a donation to the following

 Please print your name

Utah County Approved Charities:

Food and Care Coalition $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each pay period

Friends of the Children’s Justice Center $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each pay period

Habitat for Humanity $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each pay period

Project Read $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each pay period

United Way $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ each pay period

I prefer a one-time donation of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dollar Amount Charity Name

I understand that my contribution will begin as soon as possible, and continue until I direct otherwise.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Last four of SSN or Emp. # \_\_\_\_\_\_\_\_\_\_\_\_ Extension:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_







**Please return to the Human Resources Dept.**