PATTERSON COMPANIES, INC. | Patterson Foundation

PAYROLL DEDUCTION FORM

Please clearly print all information.

CONTRIBUTOR INFORMATION

Name _____

Email _____

Employee Number _____ Work Location _____

Signature _____ Date _____

☐ I would prefer that this contribution and/or name be kept confidential. Thanks!

DEFINED PERIOD PAYROLL DEDUCTIONS

☐ Payroll deduction $_____ x _____ = _____.

Amount # Pay periods Total

ONGOING PAYROLL DEDUCTIONS

☐ Payroll deduction in the amount of $ _____ per pay period until I notify payroll to discontinue my deductions.

DEDUCTION EFFECTIVE DATE

(Please allow two weeks advance notice for processing).

I authorize deductions to begin on the following pay date: _____ , understanding that deductions will be taken out of two paychecks per month. Deductions will continue for the total number of pay periods indicated above or until I notify payroll to discontinue my deductions by submitting another form.

DISCONTINUE PAYROLL DEDUCTIONS

☐ I would like to discontinue my payroll deductions to the Patterson Foundation. The effective date shall be the following pay date: _____ (Please allow two weeks advance notice for processing).

PLEASE FORWARD COMPLETED FORM TO:

Kim Poirier, Administrator

Patterson Foundation

1031 Mendota Heights Road, St. Paul, MN 55120

www.pattersonfoundation.net I Phone: 651-686-1929

IMPORTANT TAX INFORMATION:

Please retain a copy of this form for your tax records. Your contribution is tax deductible, in accordance with the Foundation's non-profit 501(c)(3) IRS tax status. No goods or services were exchanged for this donation.