

MSD of Decatur Township  
Decatur Township Scholarship Association Inc Payroll Election Contribution Form



**DONOR INFO:**

Employee I.D.: \_\_\_\_\_ Prefix:  Mr.  Ms.  Mrs.  Dr.  Other: \_\_\_\_\_  Male  Female

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix:  Jr.  Sr.  Other: \_\_\_\_\_

Work Location: \_\_\_\_\_

Daytime Phone:  Work  Home \_\_\_\_\_ Ext.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payroll Deduction Options:

PAYROLL DEDUCTION \$ \_\_\_\_\_ *Per Pay Period* \_\_\_\_\_  
Memorial name if desired \_\_\_\_\_

**THE ABOVE REQUESTED DEDUCTION WILL BE ONGOING, FROM YEAR TO YEAR, UNTIL  
A WRITTEN REQUEST TO CHANGE OR CANCEL IS PROVIDED TO PAYROLL BY EMPLOYEE**

OR

I wish to make a ONE - TIME Payroll Deduction contribution in the amount of: \$ \_\_\_\_\_

**THE ONE-TIME PAYROLL DEDUCTION REQUEST  
MUST BE SUBMITTED BY THE EMPLOYEE EACH YEAR**

*\*DONATIONS ARE TAX DEDUCTIBLE -Under Tax ID 46-3387727*

*No goods or services were received in exchange for this donation*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Return completed form to Payroll Department**