



COMMUNITY WORKS®

THANK YOU!

All gifts are tax deductible to the full extent provided by law. No goods or services are provided to you in consideration of your contribution.

Please Print Name: _____ **Email:** _____

Mailing Address: _____

Employee# (optional) _____ **Employee Dept. (optional):** _____

Payroll Deduction: I authorize payroll deduction to Community Works® of:

(Per check amount) \$50 \$25 \$15 \$5 \$ _____ **to be deducted from each of my paychecks.**

I am paid Weekly Every 2 weeks Twice a month Monthly **Total pledge \$** _____

Direct Gift: My check for \$ _____ is enclosed. *(Please make check payable to Community Works.)*

Please charge my gift of \$ _____ **to** MC Visa Card # _____ **Exp:** ____/____/____

Designate my gift to Community Works® member(s): (optional) _____

(See brochure for member list and descriptions or visit our website at www.communityworks.com)

SIGNATURE: _____ **Date:** _____

Community Works® will require your address for acknowledgement, and to issue a tax receipt for one time check or payroll contributions of \$250 or more. Additionally, we value your trust, however, we reserve the right to redirect gifts if unusual circumstances make it necessary to do so.

WHITE: PAYROLL OFFICE

YELLOW COPY: COMMUNITY WORKS®

PINK COPY: DONOR