



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 \$ _____ per pay period

Friends of the Children's Justice Center \$ _____ per pay period

Habitat for Humanity \$ _____ per pay period

United Way \$ _____ per pay period

I prefer a one time donation of \$ _____ to _____
Dollar Amount Charity Name

I understand that my contribution will begin pay period 14 (6/20/15), and continue until I direct otherwise.

Signature

Date

Last four of SSN or Emp. # _____

Contact Phone # _____



Please return to Jane Ivie in the Personnel Office