

Hamilton College Community Outreach Campaign 2012 Payroll Deduction Form

Name (s) _____ Street _____

City _____ Zip _____ Daytime Phone _____

I choose to enroll in the automatic payroll deduction plan through Hamilton College. *(Please complete below.)*

Amount of Deduction <i>Each Pay Period</i>	Number of Pay Periods in 2012 (Fac/Admin = 12 / Staff/M&O= 52)	TOTAL 2012 CONTRIBUTION**
\$ _____	X _____	= \$ _____

Please designate up to 4 contributions with the total yearly amount indicated next to each.

	<i>Total '12 Gift</i>		<i>Total '12 Gift</i>
<input type="checkbox"/> A Better Chance of Clinton	\$ _____	<input type="checkbox"/> Kirkland Town Library	\$ _____
<input type="checkbox"/> Abraham House	\$ _____	<input type="checkbox"/> Legal Aid Society of Mid-New York	\$ _____
<input type="checkbox"/> AIDS Community Resources	\$ _____	<input type="checkbox"/> Mohawk Valley Resource Center for Refugees	\$ _____
<input type="checkbox"/> American Red Cross	\$ _____	<input type="checkbox"/> Oneida County Habitat for Humanity	\$ _____
<input type="checkbox"/> Boys & Girls Club of Utica	\$ _____	<input type="checkbox"/> Planned Parenthood	\$ _____
<input type="checkbox"/> Catholic Charities of Utica-Rome	\$ _____	<input type="checkbox"/> Resource Center for Independent Living	\$ _____
<input type="checkbox"/> Center for Family Life and Recovery	\$ _____	<input type="checkbox"/> Runaway & Homeless Youth Program	\$ _____
<input type="checkbox"/> Clinton Arena	\$ _____	<input type="checkbox"/> Salvation Army	\$ _____
<input type="checkbox"/> Clinton Central School District Foundation	\$ _____	<input type="checkbox"/> Stevens-Swan Humane Society of Oneida County	\$ _____
<input type="checkbox"/> Clinton Early Learning Center	\$ _____	<input type="checkbox"/> Thea Bowman House	\$ _____
<input type="checkbox"/> Greater Utica Community Food Bank	\$ _____	<input type="checkbox"/> Upstate Cerebral Palsy	\$ _____
<input type="checkbox"/> Hope House	\$ _____	<input type="checkbox"/> Utica Safe Schools (Underground Café Program)	\$ _____
<input type="checkbox"/> Hospice Care	\$ _____	<input type="checkbox"/> Visiting Nurse Association	\$ _____
<input type="checkbox"/> Kirkland Art Center	\$ _____	<input type="checkbox"/> YWCA of the Mohawk Valley and New Horizons	\$ _____

TOTAL 2012 CONTRIBUTION **
(Sum of gifts - up to 4 beneficiaries) _____

I do not wish to participate via payroll deduction but still want to help and be counted!
 I will make direct contributions to the above agencies totaling \$ _____

By clicking in the "I Agree" check box you agree that this is your electronic signature and it is as binding as if you had physically signed your name to this agreement on paper.

I Agree Date _____

*Your tax-deductible contributions will be sent in semi-annual payments to the organization/s you have designated. Your name and home address will be provided with your donation. The organizations are encouraged to send you a receipt for tax purposes. **You may also use your pay stub as documentation for your charitable contribution.***

Check here if you would like your contribution(s) to remain anonymous to the organization(s) you designate.

Please make a copy of this form for your own records.
The deadline to submit this form is November 18, 2011.