



LIVEUNITEDANC.ORG

PAYROLL DEDUCTION FORM

Organization name: _____

Date: _____

PAYROLL CONTACT INFORMATION

Contact person for questions regarding payroll deduction contributions:

Name: _____

Phone: _____

Address: _____

City/State/Zip: _____

Email: _____

Fax: _____

PAYROLL DEDUCTION AND DISBURSEMENT INFORMATION

We will begin deducting contributions from employee payrolls starting on this date: ____ / ____ / ____

We will send Payroll Deduction contributions to United Way of Anchorage:

- Monthly
- Quarterly
- Other _____

Payroll Deduction contributions will be disbursed to United Way of Anchorage by:

- Check
- Direct deposit

DONOR TRACKING REPORT

To match payments with donors and to honor the designations of our donors, United Way of Anchorage requests a donor tracking report. Names and contribution amounts are the only information needed. Please ensure the total of the check or direct deposit equals the total of the individual payments.

A donor tracking report with donor names and their corresponding payments will be:

- Included with check
- Emailed to finance@ak.org
- Other _____

UNITED WAY CONTACT INFORMATION

Mail payroll deduction contributions to:

United Way of Anchorage
Attn: Finance
701 W 8th Ave, Suite 230
Anchorage, AK 99501