



Employee Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Employee ID: _____ Dept. / Location: _____

Employer: _____

City: _____ State: _____ Zip: _____

Corporate E-Mail: _____ Cell Phone: _____

Work Phone Number: _____ Extension: _____

Giving Options

Recurring Payroll Deduction

I want the following amount deducted from my paycheck every pay period:

\$10.00 \$20.00 \$25.00 \$50.00 Other \$: _____

One-Time Payroll Deduction

I want the following amount deducted once from my paycheck:

\$20.00 \$40.00 \$50.00 \$100.00 Other \$: _____

Other Details

My company will match my gift

Does your company match your gift? If so, follow your company's instructions to match your donation to: Center for Oncology in Pediatrics Foundation.

Please send deducted funds to my designated charity:

Center for Oncology in Pediatrics Foundation, a 501 (c)(3) non-profit public benefit corporation.
707 Broadway, Suite # 1410, San Diego, CA 92101. At'n: Accounting Dept., EIN: 26-2782755,

Or Credit to:

Center for Oncology in Pediatrics Foundation Checking Account held at Bank of America,
Branch #0168 Coronado, CA., Donations Checking Account No.: 3250 7528 5894
ABA Routing No.121000358

Authorization

I authorize my employer to deduct the amount selected from my paycheck either each pay period or one time (as indicated) as a charitable contribution from me to Center for Oncology in Pediatrics Foundation (Federal Tax Identification Number (EIN): 26-2782755). I understand that deductions will be made from my post-tax wages. As such, I am responsible to pursue any income tax deduction that I may be eligible to receive when filing my individual tax return. I further understand that I may cancel my donations at any time by providing written notice to my Payroll Department at least 10 days prior to the effective scheduled pay date chosen. No goods or services were provided in exchange for this contribution.

Signature: _____ Date: _____

Note: Please print this form out and provide an original signed copy to your company's payroll department, scan and email us a second copy to admin@copfoundation.org

Thank you for helping us make a great Impact!

Learn more.

[Copfoundation.org/takeaction](https://copfoundation.org/takeaction)