

PAYROLL DEDUCTION FORM

Please take this form to your HR/Payroll Department for deductions to begin

Date _____

Payee Information:

United Cerebral Palsy of West Alabama
1100 UCP Parkway
Northport, AL 35476

Your Information:

Employer _____

Name _____

Address _____

City/State _____ Zip Code _____

Email _____

How many years have you been supporting United Cerebral Palsy of West Alabama? _____

Your Commitment:

1% of my salary one hours pay per month \$15 \$10 \$5 \$3 Other \$_____

Total yearly Pledge \$ _____

Reccurence:

weekly bi-weekly (26) semi-monthly monthly yearly one-time

Signature _____

Thank you for supporting United Cerebral Palsy of West Alabama!



UCPWA
United Cerebral Palsy of West Alabama
Live life without limits