



Please print this document, complete form and mail to:

Community Shares of West Virginia
P.O. Box 20117 Charleston WV 25362

Name

Last: _____ First: _____ Mi: _____

SSN(OPTIONAL): _____ - _____ - _____

Department: _____ Division: _____

County: _____ Payroll Code: _____

Annual Contribution

Write-In-Total

\$ _____ X _____ pay periods = \$ _____
\$20.00 X 24 pay periods = \$ _____
\$10.00 X 24 pay periods = \$ _____
\$ 5.00 X 24 pay periods = \$ _____
\$ 2.00 X 24 pay periods = \$ _____

West Virginia Payroll Vender: # 736

Please acknowledge my donations to this address:

Name: _____

Address: _____

City: _____

Email: _____

I wish to allocate my contribution to the following groups:

	Group Name(s)	Annual Amount
1	_____	- \$ _____
2	_____	- \$ _____
3	_____	- \$ _____
4	_____	- \$ _____

I hereby authorize the above named agency by the state of West Virginia by which I am employed to deduct the amount shown above from my pay starting with the next pay period after the date below and continuing until this authorization is revoked by me.

FOR AUTHORIZATION OF PAY WITHOLDING:

Signature: _____ Date: _____