



Payroll Deduction Form

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

GIFT INFORMATION

- I wish to make a recurring gift through payroll deduction of the amount listed below until I request the deduction to be stopped.
- I wish to make a gift through payroll deduction of the amount listed below per pay period for 26 pay periods.
- I wish to make a one-time gift through payroll deduction of the amount listed below.

Amount of gift per pay period: \$ _____

Total Amount of Annual Gift: (Ex: \$10 bi-weekly is \$260 total per year) \$ _____

Estimated Start Date of Deduction (month/year): _____

Please direct my donation to:

- Area of Greatest Need/Unrestricted
- Youth Development
- Celebration of Champions
- Ag Education
- Employee Assistance Fund
- Preservation Fund
- Indiana State Fair Farm

Donor Acknowledgement: _____

(How would you like to be recognized, Mr. and Mrs. John Smith, John & Sue, Anonymous...)

Signature (Required): _____

Please return your completed form to Ray Allison in the Communications Building.

The Indiana State Fair Foundation is a 501(c)3 and all gifts are tax deductible to the extent allowed by law.