



Payroll Deduction Form

I hereby authorize Cambrian College to deduct \$_____ per pay

Indefinitely (circle) **OR** for _____(##) pay periods,
starting _____.
month/year

The money is to be designated to the _____ at the Cambrian Foundation.

Donor Information

Name (please print): _____

Mailing Address: _____
Please include postal code

Signature: _____

Date: _____
Day / Month / Year

Please send form to: Payroll
 Room 4081

Thank you!

A handwritten signature in black ink, appearing to read "Shawn Poland".

Shawn Poland
Cambrian Foundation

All donations will receive a charitable tax receipt.
Charitable registration No. 1189 20784 RR0001. Thank you for your generosity.