

Silent Auction Contribution Form

Thank you for participating in the Silent Auction and making a difference by contributing to the charity of your choice through the Combined Fund Drive. By filling out and signing this form, you have agreed to add this contribution to your current list of donations. **Silent Auction payroll deductions can run no further than 3 months.** Checks will be processed immediately regardless of when this form is submitted.

Please sign and return this form to your workplace CFD volunteer.

EMPLOYEE INFORMATION

Please comp	letely fill in the information b	elow. (Clearly Prin	†)		
Employee Name	Employee Name			Employee ID number	
County of Work	Work Email Address			Work Phone	
		ITEM INFORM	MATION		
Item Descriptio	n				Item Cost
					\$
					\$
Charity Code	Employee ID number	GIVING INFOR		llar Amount (Per pay period)	X Number of pay periods (Max 6)
		\$	\$		
		\$	\$	5	
		\$	\$)	
	*Silent Auction payroll d	eductions can ru	ın no furth	er than 3 months	*
Please Sig	ın and Date				
X	our signature is required to process	donation	Date_		I wish to donate anonymously
y signing this form I	understand that once started, my form, updating my donation acco	monthly payroll deduc			

a new Contribution Form, updating my donation account online at www.give.wa.gov, canceled by checking the cancel box or by written notice to the CFD office. In signing this form I acknowledge that my donation(s) will be updated per the guidelines and information provided above. I hereby authorize the State of Washington to deduct the amount indicated from my pay provided that the amount deducted will be remitted on a regular basis in support of the charities of the Washington State Combined Fund Drive as specified above.