## IMAGINE YOUR IMPACT \*

the

Summerville Family YMCA
2024 Annual Campaign Payroll Deduction

Employee Name	
Employment Status OFull Time OPart Time	
Seasonal (End date)	
Employment Branch	
Home Address	
City	State
Zip	
Email	
Phone #	Pledge date
Total pledge amount: \$	
Type of Deduction:	
Spread among paychecks (not to exceed 24). Specify	
deduction amount per pay period (min. \$5/pay period) \$	
*Seasonal staff should pay in full prior to end of employment season.	
One time deduction in 2024 in the amount of \$	
to be deducted on (pay dates are the 1st and 16th of each	
month):	
I authorize the Summerville Family YMCA to deduct my Annual Campaign pledge	
from my paycheck as noted on this form (sign below).	
Signature (required)	
Date	



Example deductions spread among the 24 pay periods in 2024:

\$5/pay =\$120/year \$6/pay =\$144/year \$7/pay =\$168/year \$8/pay =\$192/year \$9/pay =\$216/year \$10/pay =\$240/year \$15/pay =\$360/year \$25/pay =\$600/year \$30/pay =\$720/year \$40/pay = \$960/year \$50/pay = \$1,200/year