



EMPLOYEE GIVING PAYROLL DEDUCTION FORM

Your gift qualifies as an Arizona Charitable Tax Credit. Any charitable gift of ANY AMOUNT reduces your Arizona personal income tax-DOLLAR FOR DOLLAR- up to \$470 for singles or \$938 for couples filing jointly per year.

PLEASE PRINT

FIRST NAME: _____ LAST NAME: _____ CELL PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL: _____ SITE : _____ DEPARTMENT: _____

EMPLOYEE GIVING CAMPAIGN:

- This is a new payroll deduction
- In addition to my current deduction(s), please add the deduction below
- This is a change to my current deduction, please discontinue my previous deduction

I AUTHORIZE PAYROLL DEDUCTIONS OF:

- \$100 per pay period \$50 per pay period \$36 per pay period** \$18 per pay period*
- \$10 per pay period \$5 per pay period Other: _____ One time gift of: _____

*This amount adds up to \$468, after a year (26 checks), (maximum QCO credit donation is \$470 for AZ State Tax Credit single filer,)

**This amount adds up to \$936, after a year (26 checks), (maximum QCO credit donation is \$938 for AZ State Tax Credit married filers)

EL RIO 1000+ (An exclusive opportunity)

- \$40 per pay period (This amount adds up to \$1,040 after a year - 26 checks)

MY GIFT IS DESIGNATED TO: (please choose only one)

- Youth Mental Health Teen Health (RHAP) Dental Fund (Adult)
- Cancer Treatment Fund Children’s Asthma Unrestricted
- Employee Assistance Fund Other (specify): _____

El Rio Vecinos Block Party – April 6, 2024 - Proceeds to benefit Cancer Screening & Treatment

- \$100.00 per ticket(El Rio employee discounted (rate) \$1500.00 Bronze Sponsor

I authorize payroll deductions of \$ _____ per pay period for a total of \$ _____ (Total Pledge)

I give the El Rio Human Resources Department authorization to provide any mailing updates to the El Rio Foundation. I understand this deduction will continue as indicated here until I notify the Foundation in writing of a cancellation.

Signature: (required) _____ Date: _____