



SUNSHINE FUND PAYROLL DEDUCTION

Employee Name: _____
Please Print

Amount to be deducted from each pay period: \$ _____

Deduction Start Date: _____

I understand that my deduction will be donated to the client Sunshine Fund, for allocation by committee, to meet the emergency needs of folks supported by Progress. I understand that this deduction will continue until such time as I cancel, in writing, this payroll deduction.

OR

One Time Deduction: \$ _____ On Payroll Date: _____

Employee Signature _____ Date: _____

For office use only:

Date Received: _____ Date Implemented: _____