



Payroll Deduction Form for  
The Lakota Fund



at The Community Foundation of West Chester/Liberty.

Name \_\_\_\_\_  I decline participation at this time.

Social Security Number \_\_\_\_\_ Employee Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Amount to be deducted each pay period (circle): \$2, \$5, \$10, \$25 \$ \_\_\_\_ other

Start Date \_\_\_\_\_

End Date (if no end date, write "open") \_\_\_\_\_

*I authorize the Lakota Treasurer's Office to deduct the amount shown above as my donation to the Lakota Fund, for the benefit of Lakota student and schools.*

Signature \_\_\_\_\_

Date \_\_\_\_\_