

**DONATION FORM  
AGF GROUP FOUNDATION**



**MY CONTACT INFORMATION**

Name:

Position:

Division/Subsidiary:

Address:

City:

Postal code:

Phone:

Email:

**I WISH TO SUPPORT AGF GROUP FOUNDATION**

Payroll deduction on each pay.

5\$

10\$

15\$

20\$

or  \$

**THANK YOU!**

*\*Please authorize payroll deduction by signing in the section below.*

*\*If you no longer wish to contribute to the AGF Group Foundation, please notify the payroll department.*

Check  \$

*\*Please enclose a check made out to AGF Group Foundation.*

Cash  \$

**PAYROLL DEDUCTION**

Name:

I authorize a deduction of :  \$ x  pay periods. For a total donation of  \$

Signature for authorization: \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO THE PAYROLL DEPARTMENT.**