



Central Oregon Public Safety Chaplaincy

"Serving the Hearts & Minds of Central Oregon's First Responders"

PO Box 1898, Redmond, OR 97756

First Responder Payroll Deduction Form

TO WHOM IT MAY CONCERN:

I, _____, employee # _____

with (Agency): _____ wish to have

\$ _____ per month taken out of my check in support of the Central Oregon

Public Safety Chaplaincy, Tax ID# 93-1244225.

I would like to begin this deduction on _____ (date) and continue until

I discontinue the order in writing.

Signature

Name (Please Print)

Date

(Please print and sign and return this form to the Personnel Office of your respective agency. The deduction will usually take effect the first of the next full month after you submit the form.)