

PAYROLL DEDUCTION AUTHORIZATION FORM



Community Works West, Inc.  
110 Broadway, Oakland, CA 94607  
510.268.8116

**A. Community Works West, Inc. Information**

Tax ID (EIN): 20-5278030

Phone: 510.268.8116

Address: 110 Broadway, Oakland, CA 94607

**B. Donor Information**

Full Name: \_\_\_\_\_

Company Name : \_\_\_\_\_

**C. Your Impact**

I authorize my employer to deduct the following from my paycheck as a charitable contribution to Community Works West, Inc. These funds go directly toward supporting restorative justice initiatives and community-led healing.

Ongoing Monthly Gift: Please deduct \$\_\_\_\_\_ per pay period, effective date (see below).

One-Time Gift: Please deduct a one-time amount of \$\_\_\_\_\_.

Effective Date: \_\_\_\_\_

**D. Acknowledgement**

I understand that this authorization will remain in effect until I provide written notice to the Payroll Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_