Automatic Payroll Deduction Employee Donation Program

- Get approval from your Chief, Sheriff, CEO, etc.
- Get approval from your Human Resource/Payroll Dept. manager.
- After receiving all necessary approval, send an email to all your departments, co-workers, city and county departments informing them about the payroll deduction program for Special Olympics Kansas.
- Attach the following Special Olympics Kansas Payroll Deduction Form or include a link to www.ksso.org. The form is located in the Give Tab, under Individual Giving Options.
- Utilize the assistance of Special Olympics Kansas staff to help you spread the message about SOKS and LETR. SOKS staff is available to make presentations, provide brochures & additional materials to help get your department involved.
- Payroll deduction funds must be sent to the Special Olympics Kansas state office by check. Address is:
  Special Olympics Kansas
  ATTN: Sheri Stanton
  5280 Foxridge Drive
  Mission, KS 66202
- All financial questions should be directed to Sheri Stanton, Assistant Director of Finance – 913.236.9290 or stantons@ksso.org
- All program questions should be directed to Luke Schulte, VP of Development – 620.408.4450 or schultel@ksso.org
Automatic Payroll Deduction Employee Donation Form

This form is to be used to set up automatic payroll deductions to be donated to Special Olympics Kansas (Federal Tax ID# 48-0890981). Special Olympics Kansas is a federally designated 501(c)3 organization and as such all donations are fully deductible as allowed by law. Please print or type to ensure all information is clear.

Employee Name: _________________________________________________________

Company: ________________________________________________________________

Employee Number (If applicable): __________________________________________

Authorization – Electronic initials and signatures are acceptable

______ I hereby authorize my employer to deduct $__________ from each paycheck and remit these deductions to Special Olympics Kansas.

______ I understand that this authorization shall remain in effect until submit a new Employee Donation Form changing or cancelling this authorization.

______________________________________________________ ___________________
(Signature of Employee)        (Date)

As a thank you for your support, Special Olympics Kansas would be happy to send you a token of our appreciation. Donors may choose from (please circle one):

Law Enforcement Torch Run T-shirt -  S   M   L   XL   2XL   3XL

Law Enforcement Torch Run Hat

Special Olympics Kansas Hat

Special Olympics Kansas Cinch Bag and Water Bottle