Check/Payroll Deduction Envelope

***Please fill out envelope completely. DO NOT include cash pledges in this envelope.**

Federal Organization/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Department Keyworker Name: _____

Phone: _____ Email: _____

Department Coordinator Name: _____

Phone: _____ Email: _____

DO NOT separate checks from pledge cards
Verify checks are made payable to "Alaska CFC"

For Coordinator Use		For Office Use Only	
# of Payroll Donors _____	$_____	# of Payroll Donors _____	$_____
# of Checks _____	$_____	# Checks _____	$_____
Total # of Donors _____	$_____	Total # of Donors _____	$_____
Fundraiser Yes ☐ No ☐			
Fundraiser Type: _____	Date _____		
Signature _____	Date _____	Signature _____	Date _____

*** MAKE A PHOTOCOPY OF THIS ENVELOPE FOR YOUR RECORDS.***
PLEASE SEAL ENVELOPE.

Thank you!

For Nexus Use Only	For Bank Use Only	For Andar Use Only
Envelope #_____	Amount $_____	Envelope #_____
Account #_____	Date _____/_____/_____	Account #_____
Date _____/_____/_____	Initial _____	Date _____/_____/_____
Initial _____		Initial _____