



Payroll Deduction Form for
The Lakota Fund



at The Community Foundation of West Chester/Liberty.

Name _____ I decline participation at this time.

Social Security Number _____ Employee Number _____

Street Address _____

City, Zip _____

Amount to be deducted each pay period (circle): \$2, \$5, \$10, \$25 \$ ____ other

Start Date _____

End Date (if no end date, write "open") _____

I authorize the Lakota Treasurer's Office to deduct the amount shown above as my donation to the Lakota Fund, for the benefit of Lakota student and schools.

Signature _____

Date _____