



choice • passion • life



Please complete and provide the below slip to your payroll team

Cerebral Palsy League - Donation Authority

Employee name: _____ Payroll number: _____

I hereby authorise: \$30.00 \$20.00 \$10.00 \$5.00 \$2.00 or

\$ _____ being my choice to be donated to the CPL, Choice, Passion, Life formerly Cerebral Palsy League from my wage each pay period to support children and adults with disabilities.

Sign: _____ Date: _____