

Check/Payroll Deduction Envelope



*Please fill out envelope completely. Checks and Pledge Cards Only.

Department: _____

Division: _____

Address: _____

Work Location: Anchorage Fairbanks Juneau Mat-Su Other _____

Department Keyworker Name: _____

Phone: _____ Email: _____

Department Coordinator Name: _____

Phone: _____ Email: _____

Please keep checks with their corresponding pledge cards

Verify all checks are made payable to Alaska Share Campaign

| | |
|------------------------------------|------------------------------------|
| # of Payroll Donors _____ \$ _____ | For Office Use Only |
| # of Checks _____ \$ _____ | # of Payroll Donors _____ \$ _____ |
| # of Credit Cards _____ \$ _____ | # of Checks _____ \$ _____ |
| Total # _____ \$ _____ | # of Credit Cards _____ \$ _____ |
| Fundraiser Yes No Date: _____ | Total # _____ \$ _____ |
| Fundraiser Name _____ | Signature _____ Date _____ |
| Signature _____ Date _____ | |

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

PLEASE SEAL ENVELOPE

THANK YOU!

For Nexus Use Only

Envelope # _____

Account # _____

Date _____

Initial _____

For Bank Use Only

Amount \$ _____

Date _____

Initial _____

For Andar Use Only

Envelope # _____

Account # _____

Date _____

Initial _____