



Goebel Construction, Inc.  
2022 BCRF Employee Giving Campaign  
Pledge Form

CONTACT INFORMATION

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Work Site Location: \_\_\_\_\_

GIVING OPTIONS

Recurring Payroll Deduction?  YES  NO  
Weekly Deduction Amount:  \$5  \$10  \$20  \$50  \$100  
 Other \$ \_\_\_\_\_

One-Time Payroll Deduction:  \$5  \$10  \$20  \$50  \$100  
 Other \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize my Employer to deduct the amount selected from my paycheck either each pay period or one time (as indicated) as a charitable contribution from me to the Breast Cancer Research Foundation. I understand that deductions will be made from my post-tax wages. As such, I am responsible to pursue any income tax deduction that I may be eligible to receive when filing my individual tax return. I further understand that I may cancel my donations at any time by providing written notice to my Employer Payroll Department at least 10 days prior to the effective scheduled pay date chosen. No goods or services were provided in exchanged for this contribution.

