	2025 Special Olympics Mic	chigan Payroll De	duction Form
Print Name:		Personnel #:	Phone #:
Signature:		Bi-w	veekly or Semi-monthly (Circle one)
			Department:
			Office (Bldg. #)
Sponsoring one athlete for the 2025 Special Olympics State Summer Games is just \$60!			
SUGGESTED PAYROLL D	DEDUCTIONS (Choose one):	Total Of:	MAKE IT AUTOMATIC!
Sponsor 1 athlete for:	\Box \$5 per pay for 12 pays	\$60	Would you like to commit your
	<i>or</i> □ \$10 per pay for 6 pays		support long term?
Sponsor 2 athletes for:	□ \$5 per pay for 24 pays	\$120	Select your contribution on the left,
	<i>or</i> □ \$10 per pay for 12 pays		check the red box below, and sign
Sponsor 3 athletes for:	\Box \$7.50 per pay for 24 pays	\$180	your name. We will automatically
	<i>or</i> □ \$10 per pay for 18 pays		renew your contributions annually.
	or □ \$15 per pay for 12 pays		You will still have the opportunity
Sponsor 4 athletes for:	□ \$10 per pay for 24 pays	\$240	to adjust or discontinue your
	<i>or</i> □ \$20 per pay for 12 pays		allocations each year.
Sponsor 5 athletes for:	□ \$12.50 per pay for 24 pays	s \$300	
	or □ \$25 per pay for 12 pays		Please make this an
Sponsor 6 athletes for:	□ \$15.00 per pay for 24 pays	s \$360	Annual Gift.
	or □ \$30 per pay for 12 pays		
Sponsor a Volleyball Team for: \$17.50 per pay for 24 pa		s \$420	Signature
	or □ \$35 per pay for 12 pays		
Other Sponsorship:	one time deduction of:	\$	C S K S
	<i>or</i> □ \$ per pay for	of pays	Special Olympics
Thank you for suppo	orting the athletes of Special Oly	ympics Michigan!	Michigan

Please submit completed form to Kristina Bow at bow2kl@cmich.edu