



LANSING

BUILDING PRODUCTS

ASSOCIATE PAYROLL DEDUCTION FORM — Contribution To



Name: _____

Email: _____

Location: _____

RECURRING PAYROLL DEDUCTION

\$2 each pay period

\$5 each pay period

\$10 each pay period

\$20 each pay period

Other \$ _____ each pay period

ONE TIME GIFT via PAYROLL DEDUCTION*

Amount \$ _____

*\$10 minimum required

ONE TIME GIFT via CHECK*

Amount \$ _____

*\$10 minimum required

Make payable to Lansing Foundation and mail to Payroll, P.O. Box 6649, Richmond, VA 23238

I hereby authorize Lansing Building Products, Inc. (LBP) to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for the above amounts. I further understand and agree that deductions will be made after any federal or state requirements as well as for any LBP programs in which I have enrolled, for which I am eligible, or to which I have agreed.

Associate's signature: _____

Date: _____

After you complete this form, please email to molly.grady@lansingbp.com or return it to **Payroll, P.O. Box 6649, Richmond, VA 23238.**