

# VOLUNTARY PAYROLL DEDUCTION

## CHARLES R. KENDALL SCHOLARSHIP AND EDUCATION FUND

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
SSN (last four digits) or HGEA Membership Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zipcode

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Personal Email Address

Yes, sign me up to receive eBulletins (HGEA eNewsletter)

**I will contribute the following each pay period:**

\$10.00

\$5.00

\$1.00

Other amount: \$ \_\_\_\_\_ per pay period

**Effective Pay Period:** \_\_\_\_\_

*I hereby authorize my employer to deduct each pay period the amount certified above as a voluntary contribution to be paid to: Charles R. Kendall Scholarship & Education Fund. I further authorize HGEA to make changes to cover or cancel the employee organization benefit payments, which include the Kendall Scholarship Fund deduction.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Complete and mail form to:

**Kendall Scholarship Fund**  
**Hawaii Government Employees Association**  
**P.O. Box 2930**  
**Honolulu, HI 96802**

**HGEA**

*The Charles R. Kendall Scholarship and Education Fund is a 501(c)(3) nonprofit organization. Your donation is tax-deductible as a charitable contribution. Please consult your tax preparer.*