



**SCRIPPS HOWARD
FOUNDATION**

Employee Payroll Deduction Form

Name (please print)

Scripps property

Department

Home Street Address

City

State

Zip

To support the work of the Scripps Howard Foundation, I authorize equal deductions of:

\$_____ per pay period

____ Continue until further notice

____ Continue until current year-end

Employee ID or Social Security Number

Signature

Date

I prefer to make a contribution by check.

*Enclosed is my check for \$_____ payable to Scripps Howard Foundation
(send to address below)*

**Complete payroll deduction form and send to:
Scripps Howard Foundation
P.O. Box 634568
Cincinnati, OH 45263-4568**

Contributions are tax deductible as provided by law.

For a gift of stock, contact Sue Porter, vice president/programs at 1-800-888-3000 ext. 3030 or sue.porter@scripps.com for transfer instructions.

For information about including the Scripps Howard Foundation in your estate planning, contact Mike Philipps, president and CEO at 1-800-888-3000 ext. 3036 or mike.philipps@scripps.com.

Thank you for your gift.