



Employee Charity Drive Contribution Application

Your Contribution Is Tax-Deductible. Yes! I would like to join the Employee Charity Drive. I hereby authorize the amount I have indicated below to be deducted from my Paycheck each pay period. I also authorize the Charity Committee to allocate my Contribution to the selected participating charities.

Please Print Clearly

1. Pass/PrNumber

2. Social Security Number

TA OA SI

First & Middle Initial

Last Name

3. RC #

4. CHARITY CODE #: Utilize Code # From This Directory To Identify Charity (or charities) That You Select.

Charity # 1	<input type="checkbox"/> 9 <input type="checkbox"/> 6 <input type="checkbox"/> 0 <input type="checkbox"/> 3	\$ _____ per paycheck
Charity # 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____ per paycheck
Charity # 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____ per paycheck
Charity # 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____ per paycheck
Charity # 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____ per paycheck
	TOTAL	\$ _____ per paycheck

5. Signature (please sign) _____ Date _____

Charity Drive Coordinator

6. Your Telephone # _____

Charity Drive Coordinator's Phone #