

# EMPLOYEE CHARITABLE DONATION FORM

**PLEASE PRINT**

*(Complete for Contributions of \$60+)*

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				
<input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First Name	MI	Last Name	theFUND card 2 <sup>nd</sup> Name
Company Name		Office / Department		Employee ID <i>(if required)</i>
Home Address			City	Zip
E-mail (required to receive e-Newsletter)		Area Code	Home Telephone	

## DONATION AND METHOD OF PAYMENT

*(please select one of the following 6 options)*

#1: Payroll Deduction	
Amount per pay period	\$
# of pay periods	X
<b>Total Payroll Deduction Contribution</b>	\$
Signature <small>(Required for Payroll Contribution)</small>	Date

#4: Auto Payment Transaction	
Amount per transaction	\$
# of transaction period(s)	X
<b>Total Auto Payment Contribution</b>	\$
<b>Routing #: 026009593</b>	
<b>Account #: 005746289863</b>	

#2: Credit Card	
<input type="checkbox"/> Amex	Name on Card
<input type="checkbox"/> M/C	Acct #
<input type="checkbox"/> VISA	Exp. Date
<input type="checkbox"/> Discover	
<b>Total Credit Card Contribution</b>	\$
Billing Address (if different from above)	
Billing City / Zip	
Signature <small>(Required for Credit Card Contribution)</small>	Date

#5: Direct Billing (Minimum of \$25 per billing cycle)	
1 <sup>st</sup> Quarter (Jan – Feb – Mar)	\$
2 <sup>nd</sup> Quarter (Apr – May – June)	\$
3 <sup>rd</sup> Quarter (July – Aug – Sept)	\$
4 <sup>th</sup> Quarter (Oct – Nov – Dec)	\$
<b>Total Direct Billing Contribution</b>	\$
Billing Address (if different from above)	
Billing City / Zip	

<b>#3: Cash</b>	\$
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#6: Check	
Check #	Check Date
<b>Total Check Contribution</b>	\$

**Optional: I wish to support this discipline:**

- Visual Arts     
  Performing Arts     
  Historical Organizations     
  Cultural Organizations     
  Any

**THANK YOU FOR YOUR TAX-DEDUCTIBLE CONTRIBUTION!**

**WHITE COPY:** theFund

**GOLD COPY:** HR or Program Chairman

**PINK COPY:** Employee