

Employees Helping Employees in Times of Need

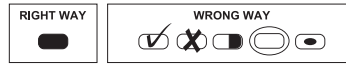
Please fill out all **FIVE** areas of information on the form below.



1 Name _____
 Work Location Name/Number _____

This form will be read by a computer. Please fill in the bubbles completely, making sure to stay inside the lines. Do not use check marks, Xs or circles to complete this form.

Example:



2 Your Employee ID

1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
0	0	0	0	0	0

3 Your Home Zip Code

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

4 Donation Choice

- Payroll deduction - one year (26 paychecks)
- One-time payroll deduction
- Personal check, money order or cashier's check

5 Your Donation Amount Per Paycheck

(or Total Check Amount if writing a check)

Fill in the bubbles corresponding to the amount you wish to give.

Remember—the numbers to the right (closest to the decimal point) are the *ones* column, and the numbers to the left are the *thousands* column.

Example:

If your contribution is \$1,234.00, you would mark it like this:

\$.00

Amount

\$.00

Amount (same as above)

\$ _____ .00



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Signature _____