



THE EMERGENCY FUND

Voluntary Donation Authorization

Thank you for
Loving One Another



I voluntarily give my permission to let my employer begin an ongoing payroll deduction in the amount and effective date below. This is to be a donation to the Emergency Fund to help fellow coworkers.

\$ _____ per paycheck

Effective date: ____ / ____ / ____

I understand that this deduction will remain in effect until I give a written notice to my HR / Payroll department to discontinue it. When that notice has been received, the deduction will stop the next available pay period.



Print Name: _____

Signature _____

Employee ID: _____ Operation: _____



Please return this form to your HR / Payroll department

Please scan and email this signed application to: EmergencyFund@ElevateCharities.org