

Donation Form

Make A Difference  Foundation
Kimray People Helping Kimray People

52 NW 42nd Street, Oklahoma City, OK 73118

Personal Information

Company: _____

Name: _____

Phone: _____

Email: _____

Employee Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Current Status: Hourly Salary
 Retiree/Spouse/Dependent

Contribution Information

Type of Donation

PAYROLL:

Payroll Deduction per Paycheck
Date: _____ Amount: \$ _____

One-time Payroll Deduction
One-time Date: _____ Amount: \$ _____

Discontinue Payroll Deduction per Paycheck

DIRECT: Online or check payable to Kimray, Inc.

One-time Donation
Amount: \$ _____

By Submitting This Form You Are Agreeing That: I understand that this deduction is voluntary and that I may stop the deduction at any time. If I wish to stop my deductions, I must complete a new form and turn it into the Human Resources Department.



www.makeadifferencefdn.org