

# Donation Form

## 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 Make a Difference Foundation or MADF

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 Payroll Department, or email payroll@kimray.com.