



## Associate Benevolence Fund Donation Form

Associate's Name: \_\_\_\_\_

(Print)

1. I wish to voluntarily donate \_\_\_\_\_ hour(s) of my accrued paid time off to the Associate Benevolence Fund. Maximum donation is 20 hours annually. Annually is defines as calendar year.

I understand that my donation will result in a reduction of my accrued paid time off, and that these hours cannot be reinstated. I understand that this voluntary donation of paid time off hours to the Associate Benevolence Fund is not a charitable contribution to the organization.

Instead of a donation of my accrued paid time off hours:

2. I wish to make a one time monetary donation to the Fund for \$ \_\_\_\_\_. Make check payable to UMC Benevolence Fund.

3. I wish to make a one time monetary payroll donation to the Fund for \$ \_\_\_\_\_.

4. I wish to have \$ \_\_\_\_\_ deducted each pay period for a total of \$ \_\_\_\_\_ donated to the Fund.

My signature below authorizes my employer to make this deduction for the Associate Benevolence Fund.

Associate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Home Office use only:

\_\_\_\_\_ hours X \_\_\_\_\_ rate of pay= \_\_\_\_\_ amount to be donated to the fund.

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Entered to payroll: \_\_\_\_\_