

Contributing to ATSG CaREs

To make a **one-time** payroll deduction in support of ATSG CaREs, fill out **this** section, sign it and forward the form to Payroll at 2061 M.

Print Name: _____

Employee Number: _____

Please make my one-time payroll deduction in support of ATSG CaREs in the amount of:

\$1 \$5 \$10 \$25 \$50 Other \$ _____

Signature: _____ Date: _____

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To make an **on-going** payroll donation to ATSG CaREs fill out **this** section, sign it and forward the form to Payroll at 2061 M.

Print Name: _____

Employee Number: _____

Please take the following amount out of my paycheck each pay period in support of ATSG CaREs:

\$.50 \$1 \$5 Other \$ _____

I understand that this deduction will continue until I notify Payroll in writing to stop taking it out.

Signature: _____ Date: _____

Thanks for contributing to ATSG CaREs.