



The ATSG Catastrophic Relief for Employees (ATSG CaREs) fund provides help for employees of ATSG companies who experience a life event that imposes a severe financial hardship on his or her family.

ATSG employees are known for their willingness to help in times of need. When tragedy strikes, we receive many calls asking what we can do. The ATSG CaREs fund provides an outlet for those calls and a process to enable a quick and appropriate response to the needs of our employees.

Employees who need help should submit a completed Application Form (included here as page 2). The ATSG CaREs committee will review each application and approve distributions to employees who qualify for assistance.

ATSG CaREs is registered with the State of Ohio as a 501(c)(3) organization. Donations may be sent to ATSG Inc., ATSG CaREs 2061M, 145 Hunter Drive, Wilmington, OH 45177.

Employees of ATSG companies may contribute via payroll deduction simply by completing the Donation Form (included here as page 3) and returning it to the ATSG Payroll Department.

All donations go directly to the ATSG CaREs fund, and in turn, to employees in need.

For more information please contact us at atsgcares@atsginc.com.



APPLICATION FORM

for employees of ATSG companies who need assistance

Applicant Information

Last Name: _____ First Name: _____ Current Date: _____

Employee No: _____ Job Title: _____ Hire Date: _____ Location/Station: _____

Company/Employer: _____ Supervisor Name: _____ Dept: _____

Home Address: _____ Phone: _____ Email: _____

City, State, ZIP: _____ Marital Status: _____ Dependents: _____

Situation

Please describe your situation in detail:

Please describe your immediate needs - what can we do that would help most right now:

Return completed form to:

ATSG CaREs
145 Hunter Drive, 2061F
Wilmington, OH 45177
Fax: 937-382-2452
atsgcares@atsginc.com

** Please note that the committee may confidentially contact Supervisors.



DONATION FORM

for employees of ATSG companies who want to support the relief fund

One-time Donation

I would like to make a **one-time** payroll deduction in support of ATSG CaREs.

Name (please print): _____ 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: _____

On-going Donation

I would like to make **on-going** payroll deductions in support of ATSG CaREs.

Name (please print): _____ Employee Number: _____

Please deduct the following amount out of each of my paychecks in support of ATSG CaREs:

\$0.50 \$1 \$2 \$5 \$10 Other \$ _____

I understand that this deduction will continue until I notify Payroll in writing to cancel it.

Signature: _____ Date: _____

Return completed form to:

ATSG Payroll
145 Hunter Drive, 2061M
Wilmington, OH 45177
ATSG.Payroll@atsginc.com

Thank you for helping your fellow employees by contributing to ATSG CaREs!