



Your Payroll Deduction Contribution

(eBlessings is a non-profit organization under section 501 C (3) of the Internal Revenue Code.)

Contributing to the eBlessings Incorporated is made easy through your payroll deductions where you work. Simply indicate the monthly amount you wish to contribute. Your monthly charitable donation(s) will be deducted during the month(s) you specify.

If you wish to make an annual lump sum donation, (a one time yearly donation) designate the month in which your donation will be processed. Make your choices using the following information.

MONTHLY DEDUCTIONS

I hereby authorize eBlessings, Inc to deduct the following amount from my payroll earnings, with these deductions being sent to eBlessings, Inc.

Monthly Deduction Amount \$ _____

Please select the month in which your monthly contribution will be deducted:

- | | | | | | |
|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> Feb | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> Aug | <input type="checkbox"/> Sep | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec |

ANNUAL DEDUCTIONS

Annual Lump Sum Deduction Amount \$ _____

Please select the month in which your lump sum deduction will occur:

- | | | | | | |
|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> Feb | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> Aug | <input type="checkbox"/> Sep | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec |

I hereby authorize the amount designated above to be taken via payroll deduction. I understand that my deduction will continue unless I otherwise notify the Human Resources Department in writing.

Employee Name

Department

Employee Signature

Date

Submit this form to your Human Resource Department. Copies of this form should be mailed or faxed from the Human Resources Department to eBlessings. Thank You.