

Contributing to ABX CaREs

To make a **one-time** payroll deduction in support of ABX 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 ABX CaREs in the amount of:

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

Signature: _____ Date: _____

To make an **on-going** payroll donation to ABX 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 ABX CaREs:

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

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

Signature: _____ Date: _____

Thanks for contributing to ABX CaREs.