



Employee Care Fund Voluntary Contribution Form

Name: _____ Employee ID: _____
(Please Print)

Location: _____

All donated funds will be applied to the Employee Care Fund, organized by Heritage Communities, a 501(c)3 non-profit organization focused on providing temporary financial or education assistance to eligible associates.

- I hereby authorize Heritage Communities to deduct:
 - \$_____ per pay period as a contribution to the Employee Care Fund.
 - \$_____ per pay period to the Heritage Founders Scholarship Fund.

- I would like to make a one-time donation via payroll deduction in the amount of:
 - \$_____ to the Employee Care Fund.
 - \$_____ to the Heritage Founders Scholarship Fund.

- I would like to change my contribution amount effective on the next payroll cycle*:
 - \$_____ per pay period as a contribution to the Employee Care Fund.
 - \$_____ per pay period to the Heritage Founders Scholarship Fund.

- I wish to cancel my contributions to the Employee Care Fund effective on the next payroll cycle*.

Associate Signature: _____ Date: _____

*Next payroll cycle will be determined by when the form is received and will be changed as soon as administratively possible.

*Thank you for your generous contribution to the Employee Care Fund.
Together, we are Making Lives Better!*