

# Encompass Cares Contribution Form\*

\_\_\_ I choose to donate to the Encompass Cares Foundation.

I wish to donate the following amount per week\* :

\$1     \$2     \$3     \$10     \$\_\_\_\_\_ per week

*\*Contributions to be deducted from bi-weekly payroll and will continue until changed or terminated.*

One-time contribution: \$\_\_\_\_\_

Check     Credit Card\*

*\*Credit card contributions can be made online at: [www.encompasscares.org](http://www.encompasscares.org)  
If donating by check, please make payable to: Encompass Cares Foundation*

\_\_\_ I opt-out of donating to the foundation.

*I realize that by opting out I am not eligible to participate in the Employee Emergency Relief Fund if the need arises.*

Employee Information:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Branch: \_\_\_\_\_

*Your donation is tax deductible minus any applicable fair value items.*

*Please mail form and donation (if donating by check) to:*

*Encompass Cares, 6688 N. Central Expressway, Suite 1300, Dallas, TX 75206*

encompass  
Cares

*\*Please turn in form to your branch HR designee.*