

_____ **I choose to donate to the Encompass Cares Foundation**

I wish to donate the following amount per pay period*:

- \$1 \$3 \$5 \$10 \$_____

One-time contribution: \$_____

Check

If making a one-time donation by check, please make payable to 'Encompass Cares Foundation' and mail the check with this form to:

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

Credit Card

Credit card contributions can be made at www.encompasscares.org

_____ **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

_____ **I wish to stop my current payroll-deducted contribution**

Effective on this date: _____

EMPLOYEE INFORMATION

Name _____ PeopleSoft Employee ID _____

Address _____

Phone _____ Branch _____

*If I elected to donate to Encompass Cares on a per pay period basis, I understand contributions will be deducted from my paycheck and will continue until I change or stop the contribution by submitting a new Encompass Cares Contribution Form or until the end of my employment.

Employee Signature _____ Date _____

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