

EMPLOYEE INFORMATION			
Employee name (first, middle, last):		PeopleSoft ID:	Branch:
Street address:		City:	State:    Zip:
Phone:	Email:		

EMPLOYEE INTENT	
<i>Employee should initial ONE statement to indicate contribution intention.</i>	
	I choose to donate to the Enhabit Cares Foundation. Intended amount is authorized below via: <input type="checkbox"/> payroll deduction <input type="checkbox"/> check <input type="checkbox"/> credit card
	I opt-out of donating to the foundation.
	I wish to stop my current payroll-deducted contribution effective on:

EMPLOYEE CONTRIBUTION VIA PAYROLL DEDUCTION	
<i>Per payroll deduction option:</i>	
<input type="checkbox"/> I wish to donate the designated amount per pay period: <input type="checkbox"/> \$1 <input type="checkbox"/> \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$_____	
<i>One-time payroll deduction option:</i>	
<input type="checkbox"/> I wish to donate \$_____ from next payroll	
<i>If I elected to donate to Enhabit 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 contribution form, or until the end of my employment.</i>	
Employee signature:	Date:

EMPLOYEE CONTRIBUTION VIA CHECK	
Made payable to: <b>Enhabit Cares Foundation</b>	Mail to: Enhabit Cares 6688 N. Central Expressway, Suite 1300 Dallas, TX 75206
Inclusions: <input type="checkbox"/> this form	

EMPLOYEE CONTRIBUTION VIA CREDIT CARD
<i>Credit card contributions may be made directly online:</i> <b><a href="https://www.encompasscares.org">https://www.encompasscares.org</a></b>

Donations are tax deductible minus any applicable fair value items.