



YES! I want to sign up to contribute to the Whitsons Family Foundation!

Payroll Deduction Authorization

Please submit this form to the HR Department via scan to hr@whitsons.com, fax to 631-750-1450 or hand deliver to an HR Representative. Please retain a copy for your records.

TM NAME: _____

LOCATION: _____

DATE: _____

As a team member of the Whitsons Culinary Group, I, _____ (print name), wish to donate to the Whitsons Family Foundation through payroll deduction. I would like to contribute as follows (choose one option):

OPTION 1: Weekly Deduction - Recurring

I would like to contribute \$_____ (fill in amount to deduct per week) on an ongoing basis.

I understand this amount will be deducted from my gross pay on a recurring weekly basis. Weekly deductions will occur until I have requested to cancel deductions in writing.

OPTION 2: Weekly Deduction – Contribution Limit

I would like to contribute \$_____ (fill in amount to deduct per week) until I have contributed a total of \$_____ (fill in total amount to be contributed). I understand this amount will be deducted from my gross pay on a recurring weekly basis until the total amount to be contributed has been reached. I understand that weekly deductions will automatically cease once this amount has been reached with no further action required on my part.

OPTION 3: Weekly Deduction – Time Limit

I would like to contribute \$_____ (fill in amount to deduct per week) for the specific time period starting _____ (fill in start date) and ending _____ (fill in end date). I understand this amount will be deducted from my gross pay on a recurring weekly basis during the timeframe specified. Weekly deductions will automatically cease on the end date specified with no further action required on my part.

OPTION 4: One-Time Deduction

I would like to contribute a one-time donation of \$_____ (fill in amount) on _____ (fill in week ending date). I understand this amount will be deducted from my gross pay one time on the date specified.

By signing this form, I understand that contributions to the Whitsons Family Foundation will be automatically deducted from my gross pay as specified above and I authorize such deductions.

Print Name

Signature

Date

The Whitsons Family Foundation is a not-for-profit 501(c) (3) organization. All donations are fully tax deductible to the extent allowable by law. In compliance with New York State law, a copy of the organization’s latest annual report may be obtained, upon request, from the Foundation or from the New York State Attorney General’s Charities Bureau (120 Broadway, 3rd Floor, New York NY 10271).

HR Signature: _____

Payroll Signature: _____

Date Received: _____

Entry Date: _____