

Noble Healthcare Employee Emergency Fund Voluntary Donation Authorization

Accountability - Creativity - Excellence - **Support**

Thank you for "Having each other's back!" by participating in our Employee Emergency Fund.

SELECT ONE or BOTH OF BELOW OPTIONS:

On-Going Payroll Deduction

I voluntarily give my permission for my employer to begin an ongoing payroll deduction in the amount and effective date below. This is to be a donation to the Noble Healthcare Employee Emergency Fund to help fellow coworkers. I understand that all donations become part of the Noble Healthcare Employee Emergency Fund and may not be refunded.

\$ _____ per paycheck.

Effective Date: ____/____/20__

I understand that this ongoing donation will remain in effect until I give written notice to my HR/Payroll Manager to discontinue the donation. I understand that once notice to discontinue has been received, the deduction will stop on the next available pay period.

Print Name: _____

Signature: _____ Date: ____/____/20__

One-Time Donation

I voluntarily donate the amount below to the Noble Healthcare Employee Emergency Fund to help fellow coworkers.

\$ _____ in the form of a check / cash (circle one).

Date: ____/____/20__

I understand that this donation will become part of the Noble Healthcare Employee Emergency Fund and may not be refunded.

Print Name: _____

Signature: _____ Date: ____/____/20__