



2020 EMPLOYEE CHARITABLE DONATION REQUEST FORM

Date: _____ Employee Name: _____

Department: _____ Work Phone #: _____

I would like a \$50 one time charitable donation to be made to the following 501(c) (3) organization:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____

Checks will be written to the charitable organization, no exceptions.

Mail check to organization

Return check to employee

Proof of the organization's 501(c) (3) status must be attached unless it is a generally recognized local charitable organization (Horizons, Red Cross, Waypoint, Junior Achievement, etc.)

Instructions:

Submit this completed form and the 501(c) (3) proof electronically to **Human Resources** via email at **hr@careprohs.com**. It may take up to 30 days to process the check from the time the request is received. If you have questions, please contact Human Resources.

The last day to submit this form is Tuesday, December 15, 2020

HR Approval

Date sent to Accounting: _____