



**United Methodist
Communities**

Abundant Life for Seniors

Associate Benevolence Fund Donation Form

Associate's Name: _____

(Print)

1. I wish to voluntarily donate _____ hour(s) of my accrued paid time off to the Associate Benevolence Fund. Maximum donation is 20 hours annually. Annually is defines as calendar year.

I understand that my donation will result in a reduction of my accrued paid time off, and that these hours cannot be reinstated. I understand that this voluntary donation of paid time off hours to the Associate Benevolence Fund is not a charitable contribution to the organization.

Instead of a donation of my accrued paid time off hours:

2. I wish to make a one time monetary donation to the Fund for \$ _____. Make check payable to UMC Benevolence Fund.

3. I wish to make a one time monetary payroll donation to the Fund for \$ _____.

4. I wish to have \$ _____ deducted each pay period for a total of \$ _____ donated to the Fund.

My signature below authorizes my employer to make this deduction for the Associate Benevolence Fund.

Associate's Signature: _____

Date: _____

For Home Office use only:

_____ hours X _____ rate of pay= _____ amount to be donated to the fund.

Processed by: _____

Date: _____

Entered to payroll: _____