



## ASSOCIATE HELPING HAND FUND

Name: \_\_\_\_\_

Facility: \_\_\_\_\_ Employee #: \_\_\_\_\_

I wish to contribute to the Associate Helping Hand Fund on a bi-weekly basis through Payroll deduction:

Please start my bi-weekly contribution \$ \_\_\_\_\_ / Per Pay Period

Please make my bi-weekly contribution effective:  Immediately  As of: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Please return your completed form via inter-departmental mail to the Payroll Department at Marian Professional Center, Suite 500 or fax# 828-2932.