



**ProAmpac Employee Assistance Fund
Employee Contribution Request**

<input checked="" type="checkbox"/> Division	Cincinnati	Cary	HP	Mobile
	Westfield	Seattle	Tulsa	Walden
	Cleveland	Suffolk	Wrightstown	Appleton
	Neenah	New Hampshire	Terrebonne	Other

Employee Name: _____
(Please print)

I am requesting the following amount to be deducted from my paycheck and deposited into the ProAmpac Employee Assistance Fund.

Payroll deduction amount: \$ _____ / Every Paycheck

One-time deduction amount: \$ _____

Effective date: _____ / _____ / 2019

Vacation Donation: Number of Hours: _____ Current Rate of Pay: \$ _____

T-shirt Size (circle one): XS S M L XL 2XL 3XL 4XL

Signature: _____ Date _____

All donations are viewed as charitable contributions for federal income purposes (state, local and social security / Medicare tax law may vary – please see a tax consultant for information specific to your situation).