



ProAmpac

Employee Assistance Fund

ProAmpac Employee Assistance Fund Employee Contribution Request

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|--|--------------|---------------|-------------|
|  Location | Appleton | Hanover Park | Seattle |
| | Armonk | Hartford | Suffolk |
| | Buffalo | Kansas City | Sugar Grove |
| | Cary | Mobile | Tulsa |
| | Cincinnati | North Hampton | Walden |
| | Cleveland | Orlando | Westfield |
| | Forest City | Portland | White House |
| | Greensboro | Rocky Mt. | Wrightstown |
| | Granite City | Rochester | |

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: _____ / _____ / 20__

T-shirt Size (pick 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).

