



The COVID 19 SOLIDARITY RESPONSE FUND

Voluntary Employee Contribution and Payroll Deduction Authorization Form

The COVID 19 Solidarity Response Fund allows any employee of the YMCA who is currently active and earning a salary to elect a voluntary contribution to the YMCA of any amount through a one-time or on-going deduction in wages. **Please note that this is completely voluntary and no adverse impact will be taken against any staff member who does not elect to voluntarily contribute.** Please also note that this donation is separate from contributions given during the annual support campaign and is in solidarity with YMCA colleagues who are experiencing a salary reduction at this time.

Date: _____

Employee (Legal Name): _____ Employee#: _____

Address: _____

Email: _____ Branch: _____

*Please choose whether you would like to contribute through payroll deduction or your own personal payment option. Make sure you only fill out ONE option then sign at the bottom.

PAYROLL DEDUCTION

Please select one of the following options:

- Equal deductions of \$_____ for each pay period that I am paid starting _____ (effective pay date - Dec. 31).
*up to 16 pay periods. Example: \$10 per pay period X 16 pay periods = \$160 total pledge
** \$2.00 minimum for deductions
- One-time deduction on (pay date)
*\$20.00 minimum for one-time donation

I authorize the YMCA of San Diego County to make the following deduction(s) from my paycheck to honor this pledge:

Authorized Payroll Deduction Amount: \$ _____ per pay period.

TOTAL Authorized Payroll Deduction Amount: \$ _____

I am unable to make a gift at this time _____ (Initial)

ADDITIONAL CHANGES OR COMMENTS: _____

EMPLOYEE SIGNATURE: _____ DATE: _____