



EMPLOYEE GIVING FORM

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Campus: _____ Department: _____ Work Phone: _____

Please direct my contribution to the following. You may give any dollar amount (minimum amount \$1) to as many funds as you wish.

- \$ _____ **Aging Respectfully Fund** benefits all residents at the campuses in Springfield, Waterville and Medina. Support aids resident activities and smaller capital improvement projects.
- \$ _____ **Employee HOPE Fund** provides limited financial assistance to eligible employees who are experiencing economic hardship due to certain emergency situations.
- \$ _____ **Masonic Care Fund** assists worthy and distressed Master Masons and their families living at home through the Ohio Masonic Communities Resource Center or on one of the three Ohio Masonic Communities campuses.
- \$ _____ **Memory Care Fund** supports caregiver education, enhanced programming and provides tools and resources to aid in the care of our residents with Alzheimer's, dementia and brain injury.
- \$ _____ **OMC Scholarship Fund** awards scholarships to eligible worthy Master Masons, their wives, children or grandchildren in support of their pursuit of an undergraduate degree.

I am making my gift via:

One-Time Contribution: Cash Check (made payable to The Ohio Masonic Communities Foundation)

Credit Card: Account #: _____

Expiration Date: _____ Security Code: _____

Payroll Deduction: Total Amount Deducted per Pay Period \$ _____

- New - I am not currently giving through payroll deduction.
- Add - I have existing deduction(s) and I want to ADD the new deduction(s) indicated above to those.
- Replace - I have existing deduction(s) and I want to REPLACE them with the new deduction(s) above.
- Cancel all of my current employee gift deduction(s).

Payroll Deduction Authorization (Required)

I hereby authorize The Ohio Masonic Communities to deduct the amount indicated above beginning with my next pay period. I understand that my ongoing payroll deduction(s) will continue until I change or terminate my deduction(s) by submitting the form.

Signature: _____ **Date:** _____

Send completed form to Corporate HR via: interoffice envelope; mail to:
The Ohio Masonic Communities, ATTN: Myrica Durst, 2655 W. National Rd, Springfield, OH 45504;
or email to mdurst@omcoh.org; or give to your HR representative.
If you have any questions, please call (888) 248-2664.