



MENNONITE VILLAGE

## Employee Assistance Fund (EAF) Donation Form

<b>Date</b>	
<b>Employee Name (Please print)</b>	
I would like to donate a <b>onetime</b> contribution to the EAF in the amount of \$ _____	
<input type="checkbox"/> Personal check or cash is attached <input type="checkbox"/> Deduct from my paycheck _____	
I would like \$ _____ deducted from my payroll check each pay period. Amount, as indicated, will be donated to the EAF beginning pay period _____.	
<b>Signature</b>	