Centerra Co-op
Employee
Kindness Fund

DONATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

BRANCH: _____

Want to earn an extra Personal Day next year???

Donate $10 each pay or a one-time $260 donation!

ONE-TIME PAYROLL DEDUCTION

One-Time Donation Amount: _____

Specific Pay Date: _____

CASH OR CHECK DONATION

(Please Circle): CASH or CHECK

Donation Amount: _____

CONTINUOUS PAYROLL DEDUCTION

Every Pay Donation Amount: _____

How Many Pays: _____

Every Pay (please circle): YES NO

Date to Start: _____

Signature: _____ Date: _____

Return form via email to kindness@centerracoop.com or mail form to:

CENTERRA CO-OP
813 CLARK AVE.
ASHLAND, OH 44805
ATTN: Employee Kindness Fund