## CRi - Choice. Respect. Independence.

## **Employee Campaign Donation/Pledge Form**

Thank you for all you do EVERY DAY! And thank you for going the distance by participating in the Employee Campaign! Your dedication means everything.

Name:					Date:			
Home Ad	ddress:							
		Street						
		City		State		Zip		
Is t	his your	first time par	ticipating in the Employee	Campaign?				
My Dep	artmen	t or Program:						
PAYROLL DEDUCTION			Deduct a recurring dor er pay x 26 annual pay checks = \$: e to pledge to this recurr 3 years 2 years 1 year Deduct my donation or One paycheck Two paychecks paychecks	130 annual gif ing donati	t)		weekly paycheck	
PAY NOW		Option 1	Enclosed (cash, or check r	made payak	ole to Comn	nunity Reside	ences Foundation)	
		Option 2 Authorized via my Visa, MasterCard or American Express						
۵		card #			е	xp date (mm/yy	)	
Signature:								
		ignature not required for forms attached to e-mails						
		ngnature not requ	tare not required for forms attached to e-mais					
Please return your completed form by e-mail IIS mail fax or interoffice mail to:								

E-mail: ajohn@mycri.org Fax: 703.842.2341

Mail: Philanthropy, Employee Campaign, 14160 Newbrook Drive, Chantilly, VA 20151

Thank you for your GENEROUS contribution to CRi's mission!

\*Deductions will begin within TWO pay periods of form submission