



PSC GROUP
HELPING HANDS
FOUNDATION

Authorization of Payroll Deduction

Payroll Information

Employee Name:

Address:

City, State, Zip:

Email:

Work Location:

Employee ID:

☐ ENROLL ME IN PAYROLL DEDUCTION

Please deduct the following to donate to the PSC Helping Hands Foundation:

☐ \$10.00 per paycheck

☐ \$100.00 per paycheck

☐ \$25.00 per paycheck

☐ _____ per paycheck

☐ \$50.00 per paycheck

☐ I'd like to make a one-time contribution of \$_____.

I authorize PSC Group to deduct the above contribution from my paycheck.

Employee Signature _____ Date _____

Once complete email form to PSC.PR@pscgroup.com and PSCHelpingHands@pscgroup.com.



PSC GROUP

HELPING HANDS

FOUNDATION

Friend of the PSC Helping Hands Foundation

\$20 per month or \$240 Annually

Family of the PSC Helping Hands Foundation

\$50 per month or \$600 Annually

Servant Leader Giving Levels:

Foundation Supporter

\$1,000 - \$3,000 Donated Annually

Foundation Advocate

\$3,001 - \$5,000 Donated Annually

Foundation Visionary

\$5,001 – \$10,000 Donated Annually

Cordell H. Haymon Leadership Giver

>\$10,000 Donated Annually

