

# My Recovery Day

## Employee Giving Pledge Form

### Contact Information

Name \_\_\_\_\_  
First Last

Home Address \_\_\_\_\_  
Street City State ZIP

Email \_\_\_\_\_ Phone \_\_\_\_\_

Employee ID \_\_\_\_\_ Dept/Location \_\_\_\_\_

### Giving Options

Recurring Payroll Deduction

I want the following amount deducted per pay period:

\$5     \$10     \$15     \$25     Other \$ \_\_\_\_\_

One-Time Payroll Deduction

\$20     \$40     \$50     \$100     Other \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize my employer to deduct the amount selected from my paycheck either each pay period or one time (as indicated) as a charitable contribution from me to 3RTEC, Inc. dba My Recovery Day. I understand that deductions will be made from my post-tax wages. As such, I am responsible to pursue any income tax deduction that I may be eligible to receive when filing my individual tax return. I further understand that I may cancel my donations at any time by providing written notice to my Payroll Department at least 10 days prior to the effective scheduled pay date chosen. No goods or services were provided in exchanged for this contribution.



MY  
RECOVERY  
DAY

4500 Lee Road  
Building H  
Cleveland, OH 44128  
(216) 978-9902  
Giving@MyRecoveryDay.com