



Your Tax Deductible Donation Helps Support Families That  
Have Lost A Loved One, Working on a Construction Site

Dear Construction Employee,

Construction Angels, Inc. provides immediate financial assistance to surviving children and spouse of a construction workers' family when they lose a loved one to an onsite construction fatality. Your decision is yours alone to make, but Construction Angels will be there to help you or your friend's family, pick up the pieces, if a tragedy such as this should occur.

Is your family prepared? Everyone expects to return home at the end of the day to our families, but for unforeseen accidents, the loss of a family member or friend is heartbreaking.

Construction Angels hopes you and your family will consider the option to support "One of our Own" in the construction industry.

#### Instructions

- Use this form to file for deductions from your payroll.
- You can obtain additional copies of this form, by asking your HR department.
- Print in capital letters with blue or black ink. Give a copy of this form to your Employer.
- Note: Your deductions will be automatic every pay period.
- Visit [www.constructionangels.us](http://www.constructionangels.us) for more information about this charity you are donating to.

### 1. What would you like to do? (Check only one box, and the complete all sections of this form.)

**Establish payroll deduction**

Check this box to establish payroll deduction for the first time.

**Increase/decrease amount**

Use this form to increase or decrease your deductions. To **stop** payroll deduction speak with your employer.

### 2. Contribution Instructions (You must complete all applicable parts of this section.)

- ✓ Tell your employer how much to deduct from your pay each pay period.  
The minimum contribution is \$1 per week option, per pay period. Please Circle  
**Contribution Amount per pay period:** \$1 \$2 \$3 \$4 \$5 \$10
- ✓ Tell your employer when to begin these deductions.  
Unless otherwise indicated, your deductions will begin as soon as possible following receipt of all paperwork in good order.  
**Effective Date (MM/YY):** \_\_\_\_\_

### 3. Employee Authorization and Signature

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into the Construction Angels, Inc. Fund.

This authorization will remain in effect until cancelled by me or by the Employer, Charity, or upon termination of my employment with my employer.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date