



The Butterfly Club Donation Form



Please use pen or digital input and print clearly. Return completed form via Paycom or printed form to the Corporate Office email: butterflyclub@adjoin.org, text: 858.257.2171, or mail: 9444 Farnham Street, Ste 210, San Diego, CA 92123.

Team Member Name: _____

EE #: _____ **Office Location:** _____

Team Member Email: _____

We Appreciate Your Donation!

Adjoin is a 501(c)3 non-profit organization and your generous donation from each paycheck is tax deductible as provided by law. Please consult with a qualified tax consultant for tax-deductible detailed information. Your pay statements serve as proof of your donation. You will also receive a statement at year end indicating your total annual donation.

Category	Please indicate the level at which you would like to donate by checking a box.
Donation By Paycheck	<input type="checkbox"/> I would like to make a donation of \$_____ from each paycheck. (<i>Standard Donation is \$1.25 per paycheck</i>)
	<input type="checkbox"/> I would like to make a ONE-TIME donation of \$_____ from my paycheck.
By Check	<input type="checkbox"/> I would like to make a ONE-TIME donation of \$_____ by Check made out to Adjoin - BFC.
By PayPal	<input type="checkbox"/> I would like to make a ONE-TIME donation of \$_____ @adjoinBFC
Change	<input type="checkbox"/> Please change my donation amount to \$_____ from each paycheck.
Decline	<input type="checkbox"/> I wish decline making any donation at this time.

Authorization Statement:

I hereby authorize a deduction from my salary or wages each pay period as indicated above for the purpose of allocating funds to benefit the Adjoin organization and its interests, and/or request cancellation of or change of my previous authorization, as indicated above.

The deductions herein authorized shall begin during the same pay period of my enrollment and continue to be made from each paycheck when the amount of pay is sufficient after making other deductions authorized or required until (a) termination of my employment, (b) cancellation of this authorization by submitting a written change request, or (c) complete termination of this deduction program.

Team Member Signature: _____ **Date:** _____

New members will receive a free Tote Bag with any donation. I do not wish to receive tote bag

**** If getting INCENTIVE T-Shirt, please check your size below ****

S M L XL XXL 3XL 4XL 5XL