



TGen Employee Giving Program Form

Employee Name _____ Date _____

I hereby authorize Translational Genomics Research Institute (TGen) to deduct the amount below directly from my pay as a donation to TGen. The amount chosen will stay in effect until a new form is received to change to a new amount or cancel it, unless the One Time Deduction is chosen.

Amount to be Deducted (please check option you are requesting)

- \$3 per Paycheck (\$78 Annualized)
- \$5 per Paycheck (\$130 Annualized)
- \$10 per Paycheck (\$260 Annualized)
- \$15 per Paycheck (\$390 Annualized)
- \$_____ per Paycheck
- Cancel my Deduction

One Time deduction of \$_____

The annualized amounts listed do not pertain to the calendar year, but to a rolling year depending on when you begin contributing.

All employee giving will be designated as unrestricted funds.

These deductions will be processed as after tax, however, since TGen is a non-profit you may be able to deduct the amount on your taxes, this will depend on your particular situation and tax laws in effect at the time, as laws are subject to change. Please refer to your last paystub of each year for the annual amount for tax purposes. The deduction will show as Employee Donation.

Employee Signature: _____

The authority is to remain effect until the institute has received written notification from me of its termination.

****Forms will be processed according to the Payroll Calendar due dates****