Make a Donation

Yes, I would like to make a donation to EASE.

City of Seattle
Contribution Form & Payroll Authorization

_____
Employee Name

_____
Employee Number

_____
City Department/Mailstop Phone No.

_____
Home Address

_____
City/State/Zip

❏ I am making a one-time contribution to EASE in the amount of $_____.

❏ I authorize the following payroll deduction of $_____ ($5.00 minimum) per pay period as a contribution to EASE date effective on _____.

I understand that contributions to EASE are voluntary and I may cease my payroll contributions to EASE by providing written notice to the Department of Finance or my Department's Human Resources.

❏ I authorize the use of my name as a donor.
❏ I do not want my name to be used as a donor.

_____
Signature Date

EASE: A caring community giving to its employees in times of need.