

Enrollment and Participation Agreement



Use this form to setup a new account for One Donation payroll deduction donations to your favorite non-profits organizations. This form will need to be submitted to your employer and One Donation along with your Authorization and Contribution forms.

Personal Information

First Name _____ Last Name _____

Address (line 1) _____

Address (Line 2) _____

City _____ State _____ Zip Code _____

Primary Phone Number (____)____-____ Date of Birth ____/____/____

Email Address _____

Employer Information

Employer Name _____

Employer Address (Line 1) _____

Employer Address (Line 2) _____

City _____ State _____ Zip Code _____

Employer Phone Number (____)____-____

Payroll Frequency Weekly / Bi-Weekly / Bi-Monthly / Monthly

Authorization (You Must Sign Below)

I understand that by signing this Enrollment and Participation Agreement and submitting it to One Donation, Inc., the program administrator, I hereby certify that all of the information contained in this Enrollment and Participation Agreement or that will be provided in the future is true, complete and correct.

Signature of Participant _____ Date ____/____/____