Child & Family SERVICE

A private nonprofit serving Hawai'i since 1899

CHILD & FAMILY SERVICE 120 YEARS OF CARING

Families First

Employee Giving Program

WHO All Child & Family Service Employees are invited to participate.

WHAT The **Families First Employee Giving Program** provides an opportunity for you to support Child & Family Service through monetary donations.

WHERE Available to all staff regardless of office location.

WHY As a member of the community for more than 120 years, Child & Family Service encourages you to support causes you hold dear. Families First is one of the opportunities CFS offers to give back to the community.

WHEN The Families First program enrollment is open year round, making it easy to donate when you are ready.

HOW Enroll by completing the **Families First Employee Giving Form** and turn it in to the Development & Communications Office.

100% of your gift goes to support the most pressing needs of Child & Family Service and your gift is tax deductible to the extent allowable by law.

Questions? Contact Development & Communications at 808.543.8412

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Employee Giving Form

Name: _____

Department: _____ Position: _____

Email: _____ Ext. Phone: _____

☐ *By checking here, I am requesting that my donation remain 'Anonymous', meaning my name will not be printed in CFS publications such as the Annual Report and CFS Newsletters.*

☐ Option #1: **Payroll Deduction**

Per pay period *(24 pay periods per year)*

$_____ x _____ pay periods = $0.00

Start Date _____ (month/year)

End Date _____ (month/year)

☐ Please continue by deduction until I notify you to stop.

or

One-time Payroll Deduction

$_____

Date _____

☐ Option #2: **Credit Card***

Per pay period *(Processed on the first Friday following payday)*

$_____ x _____ pay periods = $0.00

Start Date _____ (month/year)

End Date _____ (month/year)

☐ Please continue by deduction until I notify you to stop.

or

One-time Credit Card Deduction

$_____

Date _____

* ***A member of the Development & Communications team will contact you for your credit card information.***

☐ Option #3: **Direct Debit^**

Per pay period *(Processed on the first Friday following payday)*

$_____ x _____ pay periods = $0.00

Start Date _____ (month/year)

End Date _____ (month/year)

☐ Please continue by deduction until I notify you to stop.

or

One-time Direct Debit Deduction

$_____

Date _____

^ ***Please attach a voided check.***

Signature: _____ **Date:** _____

Please return completed forms to the Development & Communications Office

Questions: **Ramsey Higa 808.543.8412** or **rhiga@cfs-hawaii.org**

Your contribution will be used to address the most pressing needs of Child & Family Service.