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**D4C Cares is the charitable foundation of**[**D4C Dental Brands**](http://www.d4cdb.com/)**and**[**affiliated Pediatric and Orthodontic dental practices**](http://www.smilesforlifenetwork.com/locations)

**Payroll Deduction Authorization Form for Charitable Contributions**

**Employee Name:** **Employee ID:**

**Payroll Deduction**

**$**

*(Per Pay Period)*

*\*To stop current recurring deduction, designate $0.00*

**One Time Gift** *($10 minimum)*

**$**

**Please indicate how your name should be listed in the Foundation’s published list of donors (if any) for recognition purposes:**

**Please check this box if you wish to remain anonymous**

**I understand that:**

* All donations made through payroll deduction are made after all applicable payroll taxes.
* All Donations are tax-deductible items that can be reported on an employee’s annual tax return to the fullest extent allowed by law.
* The employee’s last pay statement of the year will serve as the donation receipt. All donations processed will appear on your pay stub as “D4C Cares.”
* No goods or services are or will be provided in consideration of employee donations.
* Any ongoing donation election received via this form will remain in effect and will automatically renew each year unless changed by the employee. You may change or stop the payroll deduction at any time with the submission of a new form.
* Employee information will remain strictly confidential and will not be shared or sold.

**Employee Signature:**  **Date**: