



CARLSON Cares

**Employee Assistance Fund
Payroll Deduction Form**

All contributions to the Carlson Cares Employee Assistance Fund are tax deductible to the full extent by law.

To begin recurring payroll deduction contributions, please complete all of the following and submit as instructed below.

Name of Employee:

Employee ID Number (CWT Only):

Work Email:

Work Address:

Amount to be deducted (pay per period):

Deduction start date (YYYY/MM/DD):

By signing below, you authorize recurring payroll contributions to be made to the
Carlson Cares Employee Assistance Fund of the Minneapolis Foundation.

*I hereby authorize my employer to execute the payroll deduction requested above.
I understand that I have the right to change or cancel these instructions at any time.*

Signature

Date

Please submit this completed and signed form to:

Carlson Cares Fund
c/o Carlson Corporate Affairs
701 Carlson Parkway, suite 1500
Minnetonka, MN 55305

Or via email to: **CorporateAffairs@carlson.com**