



# Charlie's Seats @ Tobin Charity

Providing Art-full Opportunities to youth, students, first responders, teachers, and military.

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## 2025-26 Team Ancira Pledge Form

EEID#: \_\_\_\_\_ Store: \_\_\_\_\_ Dept: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

Help Payroll make sure it has the most updated contact information (Personal Email and Cell#). Write legibly, please :)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Payroll Frequency: [ ] Weekly [ ] Sales [ ] Semi-Salaried

### Giving Options

**Recurring** Payroll Deduction (Deductions will run April 1, 2025 to March 31, 2026)

I want the following amount deducted per pay period:

\$5  \$10  \$25  \$50  \$100  Other \$ \_\_\_\_\_

**One-Time** Payroll Deduction

I want the following amount deducted:

\$10  \$25  \$50  \$100  \$500  Other \$ \_\_\_\_\_

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*I authorize my employer to deduct the amount selected from my paycheck either each pay period or one time (as selected) as a charitable contribution from me to Charlie's Seats – Tobin Center charitable fund. I understand that deductions will appear under Charitable Contribution on my pay statement and be made from my post-tax wages. As such, I am responsible to pursue any income tax deduction that I may be eligible to receive when filing my individual tax return. I further understand that I may cancel my donations at any time by providing written notice to my Payroll Department at least 10 days prior to the effective scheduled pay date chosen to stop the contribution. Payroll Deduct starts in April. No goods or services are/were provided in exchange for this contribution.*

### Authorization

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If the address shown isn't correct, please use the Employee Benefit portal to update your address immediately!  
<https://www.employeenavigator.com>

- COMPLETE & GIVE THIS FORM TO YOUR MANAGER TO BE SENT INTERCOMPANY TO PAYROLL.
- THANK YOU FOR YOUR CONTRIBUTION TO THE 2025-26 ANCIRA COMMUNITY CHARITY!