

# SMS Cares Contribution Form



**When our fellow employees suffer tragedy, we want to lend a helping hand. By working together through the SMS Cares Fund, we can provide vital assistance to our coworkers.**

SMS Cares is a natural disaster and personal tragedy relief fund that was created in response to Hurricane Katrina and other Gulf coast hurricanes of 2005 that devastated the region. SMS Cares has continued to help many families throughout the nation, who have been affected by personal tragedy. Some have been victims of random acts of violence, others are hit with unexpected healthcare issues or deaths in the family.

It's easy to help your community by making a donation to SMS Cares through payroll deduction. Giving just a few dollars a week can make a big difference in someone's life, maybe even yours.

For more information on how you can support employees in your community, please visit the website at [www.smscares.com](http://www.smscares.com). SMS Cares is a 501(c)3 organization.

## Please enroll me in the program:

Print Employee Name: \_\_\_\_\_

Select Company:

- |  |  |
|--|--|
| <input type="checkbox"/> Block by Block                    | <input type="checkbox"/> PrimeFlight Aviation Services |
| <input type="checkbox"/> FirstLine Transportation Security | <input type="checkbox"/> Service Management Systems    |
| <input type="checkbox"/> Corporate Support Center          | <input type="checkbox"/> WTC Ventures                  |

Location Name and #: \_\_\_\_\_

## Contribution Options:

- I would like to contribute to SMS Cares on an **ongoing basis**.  
Please deduct \$ \_\_\_\_\_ from my paycheck each pay period.
- I would like to make a contribution to SMS Cares of \$ \_\_\_\_\_ per pay period  
**until the goal amount** of \$ \_\_\_\_\_ is met.
- I would like to make a **one-time contribution** to SMS Cares.  
Please deduct \$ \_\_\_\_\_ from my paycheck one time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Signed

\_\_\_\_\_  
Social Security Number / Social Insurance  
Number or Payroll I. D. Number

**Note: Please submit signed form to your supervisor or email to [smscares@smsholdings.com](mailto:smscares@smsholdings.com).**

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