

## VOLUNTARY SUNSHINE FUND

In order to build a sense of community and cohesiveness among all employees at the College of the Sequoias, the Sunshine Fund was developed to share our support of our fellow employees with flowers or cards for occasions such as birth/adoptions, surgery/hospitalizations, long-term illness or tragedy. If the cost is born equally and fairly by all members of the COS community, the cost is minuscule. It is for these reasons this Sunshine Fund was established.

| I hereby authorize the College of the Sequoias to deduct one dollar (\$1.00) tenthly from my salary and pay to the "College–Wide Sunshine Fund" the periodic deduction for services provided by the "Sunshine Fund Committee." If an increase or decrease in contributions is necessary, this authorization shall include the then established amount and no new authorization shall be required.  (Those who wish to contribute more may contribute up to \$5.00) |          |          |          |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |          |          |          |          |
| Amount of contribution:                                                                                                                                                                                                                                                                                                                                                                                                                                            | □ \$1.00 | □ \$2.00 | □ \$3.00 | □ \$4.00 | □ \$5.00 |
| Name (print):                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |          |          |          |          |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |          |          |          |          |
| Banner ID or                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |          |          |          |          |
| Social Security Number:                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |          |          |          |          |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |          |          |          |          |