



## Authorization for Donation to the ICC Employee Benevolence Fund

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

Employee ID (if applicable): \_\_\_\_\_

Employee or Non-employee Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I wish to make the following donation to the Benevolence Fund:

- Monetary donation through Check or Cash
  
- Vacation Hours – I authorize \_\_\_\_\_ of my vacation hours to be given to the ICC Benevolence Fund.  
(Up to 16 hours of Vacation time may be donated during a 12 month period.)
  
- Sick Hours – I authorize \_\_\_\_\_ of my sick hours to be given to the ICC Benevolence Fund.  
(Up to 8 hours of earned sick time may be donated during a 12 month period.)
  
- I would like to make my donation in memory/in honor of: \_\_\_\_\_  
(Optional)

All pledges go onto a general accounting fund until need is identified.

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

Cash, check and vacation time donations are considered tax deductible/charitable contributions, donations of sick time are not.

Please refer to the Benevolence Fund Policy found on ICCNET for more information.

Deliver this form to:

ICC Employee Benevolence Fund  
c/o Human Resources Dept., Room 339G  
1 College Drive  
East Peoria, IL 61635-0001