

FRANCHISE & COMPANY EMPLOYEES | DONATION BY CHECK, CREDIT CARD OR CASH

Name:

If donation by credit card – name as it appears on card

Business

First

Last

Entity:

If donation is from entity

Address:

If donation by credit card – billing address

Street Address

Apartment/Unit #

City

State

ZIP Code

Credit Card #:

Expiration

Date:

CVV #:

Phone:

Only needed for credit card donations

Amount:

For donation by cash or credit card, forward this completed form to:

Shirley Smith | GC Cares, Inc. | 5151 Glenwood Ave | Raleigh, NC 27612 Or call: 919-881-4410

COMPANY EMPLOYEES | DONATION BY PAYROLL DEDUCTION

Name:

Social

Security #:

I hereby authorize **Golden Corral Corporation** to deduct from my bi-weekly wages for donations to **GC Cares, Inc.** effective _____: *(insert date for payroll deduction to begin)*

_____ \$1

_____ \$10

_____ \$20

_____ \$5

_____ \$15

_____ \$25

_____ *(specify other amount)*

For donation by payroll deduction (company employees), email or fax this completed form to:

Kay Mims in the GC payroll department at Email: kmims@goldencorral.net Fax: 919-881-5155

SIGNATURE | REQUIRED FOR ALL DONATIONS

I understand that my donation to **GC Cares, Inc.** will be used to support employees (and employees' families) of Golden Corral Corporation and employees (and employees' families) of franchisees dba Golden Corral who experience unforeseen emergencies which cause temporary financial hardships.

If my donation is made by payroll deduction, the deduction will be made each pay period and will continue until revoked or revised by me in writing. In the event my donation cannot be withheld from my paycheck, no additional donation will be taken the following pay period.

Signature:

Date: