

We can truly make a difference together.



## Golden Corral Contribution Authorization Form

To begin or increase your contributions through convenient payroll deduction, simply email or fax this completed form to Kay Mims in the Payroll department.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(SSN # not needed for one-time donations via check)

My one-time contribution of \$ \_\_\_\_\_ is enclosed.\*

I hereby authorize Golden Corral Corporation to deduct from my bi-weekly wages for contributions to the **GC Cares Assistance Fund** effective \_\_\_\_\_ :  
(Insert date for payroll deduction to begin)

\_\_\_ \$1                      \_\_\_ \$15  
\_\_\_ \$5                      \_\_\_ \$20  
\_\_\_ \$10                     \_\_\_ \$25                     \_\_\_\_\_ (specify other amount)

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

I understand that my contribution to the **GC Cares Assistance Fund** will be used to support employees of Golden Corral Corporation or employees of a franchisee dba Golden Corral who experience an emergency situation which caused a temporary financial hardship and help them regain financial stability within a relatively short period of time. The deduction will be made each pay period and will contribute until revoked or revised by me in writing. In the event my contribution cannot be withheld from my paycheck, no additional contribution will be taken the following pay period.

**Please send completed forms to Kay Mims:**  
**Email: [kmims@goldencorral.net](mailto:kmims@goldencorral.net) or Fax: (919) 881-5155**

\*Please make one-time contribution checks payable to GC Cares, Inc. and send to **Shirley Smith** in the Accounting department at the Golden Corral Company Support Center, 5151 Glenwood Avenue, Raleigh, NC 27612