



Payroll Deduction Form

SHARING LEVEL:

- 2 hrs equivalent pay per month
- 1.5 hrs equivalent pay per month
- 1.2 hrs equivalent pay per month
- 1 hr equivalent pay per month

OR \$ _____ Monthly
 \$ _____ One Time Contribution
 (Minimum Contribution is \$10.00)

ALLOCATE MY FUNDS TO:

- % _____ to Agency Code # _____
- % _____ to Agency Code # _____
- % Remaining Balance to Agency Code # _____
- 100% to General Fund

Agencies can be found on ERIC/lifeatwork

Last Name	First Name	M.I.	Employee # (5 digits)
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I hereby authorize Bell Helicopter Textron Inc. to deduct the amount indicated on this form from my salary as contribution(s) to the Bell Employee Humanity Fund. These amounts are to be allocated to approved agencies as I have indicated, or if I choose not to allocate to specific agencies, funds will be deposited in the General Fund and allocated in accordance with the by-laws of the Humanity Fund Board. Please, return cards to Steve Saniuk (817-280-3480 or SSaniuk@bh.com) for processing.

To receive direct communications, such as a thank you note and tax documents, from the charitable organizations(s) designated above, Bell Helicopter must disclose your name and home address to the organizations. Please check the opt out box below if you DO NOT want your name and home address provided to the organization(s). Please contact ethics@bh.com if you have any questions.

do not wish to receive direct communication from these organizations.

Date _____

