



Millennium understands that many of our team members need extra assistance for personal hardships and after circumstances such as hurricanes, which greatly impact our communities. Therefore, we have created Millennium CARES Fund, Inc.

If you would like to voluntarily contribute via a wage deduction to our fellow co-workers, please complete this Donation form and submit it to MFund@mpgus.com. Participation is purely voluntary and your decision on whether to participate or not will have no effect on your job status, compensation, or other employment decisions.

How to submit this form to the Cares Fund:

[Scan the completed form and e-mail MFund@mpgus.com](mailto:MFund@mpgus.com)

Wage Reduction Donation:

- I, _____, wish to voluntarily donate a portion of my salary/wages as a one-time donation, in the amount of _____ to the Millennium CARES Fund, Inc. It is my intention that the funds will be used to support Millennium employees, their families and Millennium patients who were directly impacted by hurricanes or hardships.

OR

- I, _____, wish to voluntarily donate a portion of my salary/wages in the amount of _____ every pay period for _____ pay periods. It is my intention that the funds will be used to support Millennium employees, their families and Millennium patients who were directly impacted by hurricanes or hardships.

I understand that:

- The account in which these voluntary donations are deposited will be under the control of the “Millennium CARES Fund, Inc., are not under my supervision, and that the Millennium CARES Fund, Inc. committee will have responsibility for the distributions of the donations.
- This voluntary donation is tax deductible as it is being made to a 501(c) 3 tax-qualified organization.
- The recipients of these donations will be selected by the Millennium CARES Fund, Inc. committee.

By signing below, I understand a wage deduction will be withheld and that my voluntary donation(s) made to the Millennium CARES Fund, inc. are confidential, unless I choose to disclose this information.

Your name: _____ Date: _____

Your signature: _____

Millennium CARES Fund, Inc.: _____

Please keep my donation anonymous: Yes or No (Circle One)

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Information available from the Federal Division of Consumer Services at: 1-800-HELP-FLA (435-7352) and <https://www.fdacs.gov/>

HR & Payroll use only:

HR authorization: _____ Date: _____

Payroll authorization: _____ Date: _____