



The Rose Fund was established to help associates offset expenses in cases of catastrophic life events.

PAYROLL DEDUCTION AUTHORIZATION

Employee Name: _____

Home Address: _____

Position Title: _____

Store Name & Number: _____

SIGNATURE: _____

Date: _____

******I authorize \$_____ to be deducted from each of my paychecks and contributed to The Rose Fund******

Please return to the Payroll Department or fax to 215-579-4361.

Your payroll deduction is tax deductible and, until changed by you, will remain in effect.

Deductions will begin the first full pay period after this form is processed.