<table>
<thead>
<tr>
<th>DONATION</th>
<th>RECIPIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ FIXED AMOUNT PAYROLL DEDUCTION</td>
<td>Check One County Code County</td>
</tr>
<tr>
<td>☐ CASH PAYMENT</td>
<td></td>
</tr>
<tr>
<td>☐ ONE-TIME DEDUCTION</td>
<td></td>
</tr>
</tbody>
</table>

I authorize the Company to make the indicated deductions from each pay period, and I may cancel or change my deduction at any time.

**SIGNATURE**

**DATE**

Other County (Cash Only):

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**Mail to:**

ORNL Pension Payroll  
1 Bethel Valley Rd MS 6438  
Oak Ridge, TN  37831-9984