

Jewish Federation of Greater MetroWest NJ

2021-2022 Sunshine Fund Application

(Please Print)

Last Name _____, First Name _____

Department _____

- I wish to Participate in the Sunshine Fund.
 - Deduct \$26.00 from one pay check.
 - Enclosed please find cash / check for \$26.00.
- I do not wish to participate in the Sunshine Fund.

Employee Signature

Date

**THE SUCCESS OF THIS PROGRAM DEPENDS ON THE WILLING
PARTICIPATION OF ALL EMPLOYEES.**

PLEASE: Return this form to Melissa Lezama

Amount is prorated for employees who are eligible at different points during the year.