

Contribution Authorization Form Please Print Legibly

I am an Aflac 1099 Independent Contractor

☐ Increase my monthly donation by (Minimum Increase \$5):	
☐ Begin a new monthly do	nation of (Minimum Donation \$5):
Name:	Market Operation:
Writing #:	Cell Phone Number:
Aflac E-mail Address:	
extent permitted by law, to demy monthly accounting stater Aflac Cancer and Blood Disord New York has agreed to make long as my statement balance Aflac Cancer Center are strictl deductions. I understand that contributions as part of my grentitled to report any tax deductions.	ctor, I voluntarily choose to authorize and direct Aflac or Aflac New York, to the duct the amount listed above per month from my earned commission as shown on nent and to transfer, on a periodic basis, such deductions as my contribution to the lers Center of Children's Healthcare of Atlanta. I acknowledge that Aflac or Aflac requested deductions for my convenience and that of the Aflac Cancer Center so is sufficient to cover any or all of my deduction amount. My contributions to the y voluntary and I may terminate them upon written notice to Aflac to cease the the 1099 form provided by Aflac or Aflac New York will continue to include my coss commission income and that I am responsible for determining whether I may be action for those contribution amounts. I understand my donation will be used to er of Children's Healthcare of Atlanta.
Signature	Date
☐ I am interested in joining 0	Circle of Care (An Annual Gift of \$10,000 to the Aflac Cancer Center)
☐ I would like to make a gift	of stock
	ncluding the Aflac Cancer Center as a beneficiary of my estate through an icy, bequest by will or other planned giving vehicle.

Please give this form to your Aflac Cancer Center Ambassador or email or mail this form to:

Aflac Cancer and Blood Disorders Center Attn: Alex Faas 1575 Northeast Expressway Atlanta, GA 30329

Alex.Faas@choa.org