



## DALRC Retiree Assistance Program, Inc. Donation Form

The DALRC Retiree Assistance Program, Inc. (RAP) assists all qualified Delta retirees (non-pilot and pilot), and their spouses or survivors with health related expenses who are on small pensions or experiencing financial difficulty. Grants are provided to help with the payment of insurance premiums for the **Insurance Trust for Delta Retirees** plan or other health related expenses as outlined in the RAP 2011 Grant Guidelines which are posted on the **[dalrc.org](http://dalrc.org)** website.

In order to fund the program today and in future years, please consider making a tax-deductible contribution. Delta has generously agreed to provide retirees and employees the ability to have a contribution deducted each pay period either from your payroll or pension check. This may be accomplished by completing the information below. For those who prefer to make a onetime contribution or periodic contribution by check, please enclose the check, along with this form. If you prefer to make your onetime contribution online by credit card, please go to the **[dalrc.org](http://dalrc.org)** website and click on the RAP tab at the top of the home page.

This program and fund is not affiliated in any way with Delta Air Lines, Inc. Delta does not control the fund and is not involved in its operation. Accordingly, Delta makes no representation regarding the fund nor vouch for the fund with respect to its tax-exempt status or any other matter.

### **Pay Period Deduction from Pension or Payroll Check:**

Check one: Make a contribution \_\_\_\_\_ Change contribution amount \_\_\_\_\_ Cancel payroll deduction \_\_\_\_\_

Contribution amount (\$1.00 minimum) \$ \_\_\_\_\_ (may be revoked at any time upon notification)

### **Donation By Check:**

Donation amount \$ \_\_\_\_\_ (please enclose check with this form)

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ PPR # \_\_\_\_\_  
(Required only for pension or paycheck deductions)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** DALRC Retiree Assistance Program, Inc.  
950 Eagle's Landing Parkway, # 109  
Stockbridge, GA 30281