



Pledge Card

Part 1 :: Employee – Donor Information

Client / Company Name: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Part 2 :: Gift Information – Payroll Deduction Authorization

Choose A or B and fill in the blanks with the amount of your contribution:

A) \$ \_\_\_\_\_ x  pay periods/year = \$ \_\_\_\_\_ Total Donation

B) A one-time payroll deduction donation in the amount of \$ \_\_\_\_\_

**Authorization:** I hereby authorize deduction of the amount shown above from my paycheck each pay period during the calendar year of \_\_\_\_\_ starting with the first pay period in January and ending with the last pay period in December. I understand that this authorization may be revoked by me in writing at any time before it expires.

Please check one of the following below:

- I would like to continue this donation indefinitely at the rate of \$ \_\_\_\_\_ per paycheck, until I provide ISihr with a stop date.
- Please discontinue my donation deductions on the last payroll in December of the year indicated above.
- I DO NOT wish to contribute at this time.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date (MM/DD/YYYY)

*For Federal Income Tax purposes, this form confirms that no goods or services were provided for this donation.*

