

Employee ID# \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

*I authorize my employer to take \$ \_\_\_\_\_ per pay period  
for 12 months for a total pledge of \$ \_\_\_\_\_*

**Fairshare Giving**

*I authorize my employer to take \$ \_\_\_\_\_  
(one hour of pay per month for 12 months)  
for a total pledge of \$ \_\_\_\_\_*

One Time Amount \$ \_\_\_\_\_

Check/Cash Enclosed \$ \_\_\_\_\_

Bill me \$ \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Agency Designation \_\_\_\_\_