

MY INFORMATION

TITLE FIRST NAME MI LAST NAME SUFFIX DOB (MM/DD/YYYY)

HOME ADDRESS CITY STATE ZIP

PHONE: HOME WORK CELL

EMAIL: PERSONAL WORK

EASY PAYROLL DEDUCTION

A total annual gift of \$_____

I want to contribute the following amount each pay period:

___ \$50 ___ \$20 ___ \$10 ___ \$6 ___ \$3 ___ (other) \$_____

Sign here: _____ Date: ____ / ____ / ____