

ST. LOUIS COUNTY
PLEDGE CARD FOR CHARITABLE CONTRIBUTIONS
THROUGH PAYROLL DEDUCTION

Employee Name: _____

EIN: _____

Fund _____ Org _____

PAYROLL DEDUCTION
24 pay periods per year

Start/Stop - Box 1	Box 2	Bi-weekly Deduction - Box 3	Initials
	FO FOPM Fraternal Order of Police	\$12.50	

Box 1 - Write "**START**" to begin the deduction. Write "**STOP**" to end the deduction.

Box 3 - Amount to be deducted from pay check.

Box 4 - Employee's Initials

At the bottom, sign and date the form.

NO FORM WILL BE PROCESSED WITHOUT A SIGNATURE.

Effective with my pay check dated _____, please start or stop the deduction as indicated above. The amount to be deducted from my bi-weekly pay check is indicated in Box 3. I acknowledge that this deduction will continue throughout the term of my employment with the St. Louis County Police Department until I provide notice otherwise.

Employee Signature: _____

Date: _____