

## EMPLOYEE PLEDGE CARD

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FIRST NAME	MI	LAST NAME	
HOME ADDRESS	CITY	STATE	ZIP
PHONE # <i>(in case we have questions about this pledge/payment)</i>			EMPLOYEE #
E-MAIL <i>(if you would like to receive our monthly electronic newsletter)</i>			

**Confidentiality Policy:** Independent Living Services, Inc. will not share private donor information with any agency, group or entity, except where required by law or generally accepting accounting procedures, without prior donor approval.

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### GIFT TYPES

**Payroll Deduction\***

A. I want to contribute the following amount each pay period:

- \$1
- \$2
- \$5
- \$7
- \$10

B. I want to make a one-time gift in the amount of \$\_\_\_\_\_

**Direct Gift**

A. Enclosed or attached is my one-time gift of \$\_\_\_\_\_ paid in the form of:

- Cash
- Check

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Thank you for your contribution to Independent Living Services, Inc. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid. Consult your tax advisor for more information.

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Employee Signature

Date

*\*If at anytime you wish to stop or change your payroll deduction you may do so by calling the Payroll Department 501.327.5234.*