

# Employee Giving Pledge Form

## Donation AEOA Foundation Fund

### Donor Information

Name (as you would like it to appear for recognition):

Address:

City:  State:  Zip Code:

Phone #:

Email:

AEOA Employee Location & Department:

I wish to remain anonymous       In honor of       In memory of

Name:

### Giving Method

#### Payroll Deduction

Please deduct the equivalent amount of one hour of salary from my check **each pay period.**

Please deduct the following from my check **each pay period.**

\$1       \$2       \$5       \$10       \$20       Other Amount: \$

Starting Date:

Please deduct a **one-time** donation from my payroll check      Amount: \$

#### Check or Credit Card

Enclosed is my gift of: \$       Make checks payable to  
AEOA Foundation Fund

I would like to charge a **one-time** donation to my credit card in the amount of: \$

Credit Card #:       Exp. Date:       CWV:

Signature:       Date: