Employee Giving Pledge Form and Payroll Deduction Authorization

I, (Name)						would	
like to mak	ce the following	contribution(s) to the Fort	Thomas	s Education F	oundat	tion:	
Contribution	on options (sele	ct one):					
	\$	from each of my paychecks	(next pay	check through (06/30/20	21 paycheck)	
	\$	_ from each of my next checks (\$ total).					
	\$	_ one time deduction (through payroll).					
	\$	_ monthly contribution to credit card*					
	\$	_ one time gift (check attached).					
	\$	one time gift (credit card*).	Туре:	MasterCard	Visa	Discover	
Card number Exp				Expiration date	piration date:		
		ce with sensitive credit car button, choose FTIS Emp					
Signature:				Date:			
Revenue S		Foundation is a 501(c)(3) or eceive a gift statement from					
	Thank you for	to your school office or supporting the Fort Tho ct Erin Benke at 859-81	mas Ed	ducation Foເ	ındatio	n!	

