

Independent Living Services

EMPLOYEE PLEDGE CARD

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.

GIFT TYPES

Payroll Deduction*

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

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

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

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.

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.*