

**ST. LOUIS COUNTY
PLEDGE CARD FOR NONPROFIT CONTRIBUTIONS
THROUGH PAYROLL DEDUCTION**

Employee Name: _____

EIN: _____ DSN : _____

Box 1 - Start/ Stop	Box 2 - Pledge Recipient	Box 3 - Payroll Deduction 24 pay periods per year	Box 4 - Initials
	SLCPA – FOP Associate Member	\$16.67	

Please Print Legibly

Please Include both EIN and DSN

Box 1— Write “Start” to begin the deduction. Write “Stop” to end the deduction.

Box 2—Pledge recipients name already filled in

Box 3— Amount of deduction already filled in

Box 4—Place your initials

At the bottom, sign and date form.

Write “ASAP” on line below to deduct from your next pay check.

NO FORM WILL BE PROCESSED WITHOUT A SIGNATURE.

Effective with my pay check dated _____, please start or stop the deductions 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 Government until I provide notice otherwise.

Employee Signature: _____ Date: _____