



Deduction Authorization and Contribution Form for The Salvation Army

(Please print)

Name _____

Home Address _____

City _____

State _____

Zip _____

Employee ID Number (if employed by AEP) _____

AEP Facility Name (if employed by AEP) _____

Facility Address _____

City _____

State _____

Zip _____

Payroll Deduction (for AEP employees only; minimum \$1 per pay):

Add/Change Election Delete Deduction

Deduction Code on pay stub: **Sal Army**

I authorize my employer to withhold the deduction amount stated from my first and second checks of each month.

\$ _____ Effective Date _____

Signature of Employee _____

Date _____

or

One-time gift:

Enclosed is my check for \$ _____. Please make check payable to The Salvation Army AEP Emergency Disaster Relief Fund.

Credit/Debit Card:

Visa

MasterCard

Card # _____

Expiration Date: ____ / ____

Charge \$ _____. Your credit/debit card will be charged when the pledge is processed.

If payroll deduction is requested, The Salvation Army will forward this form to your AEP payroll department. Donations to the AEP Emergency Disaster Relief Fund are tax deductible to the extent permitted by law.