



1415 Ross Avenue El Centro, CA 92243  
P 760-482-5068 F 760-482-5069

### ECRMC Employee Payroll Deduction Pledge Card

Employee Name \_\_\_\_\_

Employee Number \_\_\_\_\_

Department Name and Number \_\_\_\_\_

I do hereby agree, consent, authorize and direct ECRMC to deduct from my wages the amount of: (Check One)

**Option A:**

One dollar per day or 14 dollars per pay period for 26 pay periods for a total of \$364.00 annually.

**Option B:**

The following amount of \$ \_\_\_\_\_ to be deducted per pay period for 26 pay periods.  
Minimum of \$1.00 per pay period.

**Option C:**

Please continue my existing deduction.

**AND (Check One)**

The above pledged amount is to be stopped after my 26 payments are completed.

Please automatically renew my pledge after my 26 payments are completed.

**OR**

**Option D:**

I choose to support the employee campaign with a one-time cash gift of \$ \_\_\_\_\_ Minimum of \$10.00. Attach cash/check to pledge form.

I do understand and approve that my donation will be applied to the Foundation's current project(s) or area of focus and my contribution may be held until enough funds are collected for that project. I also understand that I can change or stop my deduction at any time by filling out a Payroll Deduction Change Form available from the Foundation.

Please do not release my name for public recognition purposes.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Pledges of \$100 or more annually will automatically give you membership in the ECRMC Foundation Family. Yes please contact me regarding volunteer opportunities with the ECRMC Foundation.

**Thank you for your support!**

**Your donation is completely tax deductible**

**ECRMC Foundation FEIN# 20-3003912**

Please submit completed form to the Foundation and a copy will be sent to you