



PAYROLL DEDUCTION FORM

Name: _____

Address: _____

Phone: _____

Department: _____

Email: _____

I do not want periodic updates from Ellie's Army Foundation to be sent to my email address

Associate Number: _____

(located on your paystub)

Please deduct this amount from each paycheck I receive. \$ _____

I would like to make a one-time donation. Please deduct the following amount from my next paycheck.

\$25 _____ \$50 _____ \$100 _____ other \$ _____

Please sign and authorize your payroll deduction.

Signature _____ Date _____

Thank you for helping Ellie's Army

Contact Us
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