

MONTHLY/SEMI-MONTHLY DUES AUTHORIZATION

EMPLOYEE NAME: _____
(Please print)

AGENCY NAME: _____
(Please print)

Fallen Officer Foundation – \$ _____ Semi-Monthly / Monthly

EMPLOYEE SIGNATURE:

DATE:

Payroll/Finance Department:

If an employee wishes to contribute to the Fallen Officer Foundation via payroll deduction, please contact the Fallen Officer Foundation at:

831-662-3105; or

P. O. Box 67281, Scotts Valley CA 95067