

Payroll Deduction Pledge Card

Name:			-
Address:			
City:	State:	Zip:	-
Employer:			-
Occupation:			
I hereby authorize my employer, [KBPAC contribution through payroll deduction:], to pay the following
\$15 \$6 \$ \$	\$3 —	Pay Per Period	Total Pledge Amount
-OR-			\$
\$	one-time dedu	ction.	
Signed		Date	