



# Pledge Form

## Salt River Community Children's Foundation A Foundation of the Salt River Pima-Maricopa Indian Community

Office: (480) 362-5711

Email: [srcf@srpmic-nsn.gov](mailto:srcf@srpmic-nsn.gov)

[Srccfoundation.org](http://Srccfoundation.org)

### Donor Information (please print or type)

<b>Name</b>	
<b>Billing address</b>	
<b>City</b>	
<b>State</b>	
<b>ZIP Code</b>	
<b>Telephone</b>	
<b>Telephone (alt.)</b>	
<b>Department</b>	
<b>E-Mail</b>	

### Pledge Information

<b>Automatic Payroll Deduction</b>	<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> Other
<b>Check</b>	<b>Check #</b>
<b>Charge a one-time deduction</b>	<b>Amount \$</b>
<b>Employee Signature</b>	
<b>Printed Employee Name</b>	

I wish to remain an anonymous donor.

### Acknowledgement Information

By signing, I hereby authorize the Salt River Pima-Maricopa Indian Community Payroll Office to make an automatic payroll deduction, in the amount specified above, to the Salt River Community Children's Foundation (SRCCF). Furthermore, I understand that I may amend or cancel this automatic payroll deduction at any time by providing a written statement to the Payroll Office asserting the desired changes:

<b>Signature(s)</b>
<b>Date</b>

Please make checks, corporate matches, or other gifts payable to:

Salt River Community Children's Foundation  
10,0005 E. Osborn  
Scottsdale, AZ 85256