

PLYMOUTH RETIREE ASSISTANCE FUND

VOLUNTARY DONATION FORM

EMPLOYEE INFORMATION

NAME:

EMPLOYEE ID:

DEPARTMENT:

DONATION AMOUNT

AMOUNT:

AUTHORIZATION

BY SIGNING BELOW, I AUTHORIZE THE TOWN OF PLYMOUTH TO DEDUCT THE AMOUNT ABOVE FROM MY WEEKLY PAYROLL AS MY VOLUNTARY DONATION TO THE PLYMOUTH RETIREE ASSISTANCE FUND.

SIGNATURE:

DATE: