

# PLYMOUTH RETIREE ASSISTANCE FUND

## VOLUNTARY DONATION FORM

### RETIREE INFORMATION

NAME:

RETIREE ID:

### DONATION AMOUNT

AMOUNT:

### AUTHORIZATION

BY SIGNING BELOW, I AUTHORIZE THE PLYMOUTH RETIREMENT BOARD TO DEDUCT THE AMOUNT ABOVE FROM MY MONTHLY PENSION AS MY VOLUNTARY DONATION TO THE PLYMOUTH RETIREE ASSISTANCE FUND.

SIGNATURE:

DATE: