

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: