

Seattle's Bravest Charity

Payroll Deduction Authorization

I hereby authorize the City of Seattle to deduct the amount indicated from my earnings each and every month as a donation to the Seattle's Bravest Charity.

General Fund per month: \$10___ \$15___ \$20___ Other___

Name _____ Injury/Illness# _____

Eight digit employee # _____ SFD Email: _____

Signature: _____ Date: _____

Thank you for your generous donation!

Seattle's Bravest Charity is a non-profit 501 (c)(3) organization.

Federal Tax ID # 91-1674237

Your donation is tax deductible.

Return this form back to Seattle's Bravest Charity either mailing it to:

517 2nd Avenue West
Seattle, WA 98119

OR

Faxing it to Local 27 at 206.285.9479