

# Chicago Police Memorial Foundation

"It is not how these Officers died that made them heroes... it is how they lived."



## Payroll Contribution Program

Please check one:

New Participant

Change to Existing Contribution

Employee Name (Print) \_\_\_\_\_

Residential Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Last 4 digits of Social Security # \_\_\_\_\_

Employee Number \_\_\_\_\_ Unit of Assignment \_\_\_\_\_

I wish to donate the following amount of money each pay period – please circle

\$5    \$7    \$10    \$15    \$20    Other \$\_\_\_\_\_

I authorize the City of Chicago to deduct the above specified contribution on a pay-period basis and to distribute the contribution to the Chicago Police Memorial Foundation. This authorization supersedes any previous authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

After completing and signing the form, return to the Chicago Police Memorial Foundation, Unit 547 or at 1407 W Washington Blvd. Chicago, IL 60607 (312)499-8899