



# PLEDGE FORM

Our Mission: *The Cookie Jar Fund has been established to provide relief to employees of Functional Pathways, and employees in facilities where Functional Pathways provides rehab services, to offer support when tragedy strikes our friends and families in their time of need.*

## DONOR INFORMATION

Name	
Home Address	
City	
State	
ZIP Code	
Telephone (home)	
Facility	
E-Mail	

## PLEDGE INFORMATION

I pledge the following amount to be payroll deducted biweekly from my wages:

\$10\_\_\_\_ \$25\_\_\_\_ \$50\_\_\_\_ Other Amt\$\_\_\_\_\_

I pledge a one-time donation in the amount of \$\_\_\_\_\_ to be payroll deducted from my wages.

## ACKNOWLEDGEMENT INFORMATION

Signature(s)
Date

By signing this Pledge Form, I hereby give authorization to Functional Pathways Payroll Department to make this deduction. I understand that these deductions will be taken out of my paycheck post tax.

Please fax this form to Functional Pathways, Attn: Payroll Dept at 888-531-2697.