

ZONETON FIRE DISTRICT - Volunteer QUARTERLY DEDUCTION AUTHORIZATION

I,(Print name legibly)	, hereby authorize Zoneton Fire District						
to deduct \$ from n	ny qua	rterly pay	/check u	ntil furth	er notice	e. 1	
further authorize Zoneton Fire District to forward said funds to:							
SUPPORTING HEROES, INC -	- P. O.	Box 991	547 L	ouisville,	KY 402	269-1547.	
EMPLOYEE SIGNATURE			PLOYEI YROLL	-			
<b>SUPPORTING HEROES</b> POLICE				BERS			
POLICE				e District - Vo			
NAME							
RANK							
SPOUSE (NEEDED FOR FAMILY MEMBERSHIP ONLY)		-					
MAILING ADDRESS							
CITY/STATE/ZIP							
EMAIL (NOTE: Keeping our members informed	d via email	helps us to l	keep our ope	rating expen	ses to a min	imum.)	
PHONE (Optional)							
AMOUNT AUTHORIZED PER QUARTERLY PAY PERIO	D: \$		DA	TE:			
NOTE: Individual membership	is \$120	) annuall	y (\$30.0	0 per qua	arter) an	d family	
membership (two adults) is \$200   FOR OFFICE USE MMBR# MEMB ZIP+4	<b>O annu</b> Card	ally (\$50 <sup>EMAIL</sup>	GROUPS	<i>rter).</i> WEBSITE	PACKET	AGENCY	