



**LAGRANGE FIRE & RESCUE
DEPARTMENT
WEEKLY DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize LaGrange Fire & Rescue
(Print name legibly)

Department to deduct \$_____ from my weekly paycheck until further notice.

I further authorize LaGrange Fire & Rescue Department to forward said funds to:

SUPPORTING HEROES, INC -- P. O. Box 991547 -- Louisville, KY 40269-1547.

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID _____



MEMBERSHIP INFORMATION
(LaGrange Fire & Rescue Department)

NAME _____

RANK _____

MEMBERSHIP TYPE: INDIVIDUAL _____ FAMILY _____ (see back)

MAILING ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____
(NOTE: Keeping our members informed via email helps us to keep our operating expenses to a minimum.)

PHONE (Optional) _____

AMOUNT AUTHORIZED PER QUARTERLY PAY PERIOD: \$ _____ DATE: _____

NOTE: Individual membership is \$120 annually (\$2.32 weekly) and family membership (two adults) is \$200 annually (\$3.85 weekly).

FOR OFFICE USE	MMBR#	MEMB	ZIP+4	CARD	EMAIL	GROUPS	WEBSITE	PACKET	AGENCY
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