



2009 “ I Have a Dream Scholarship Fund” Pledge Form



Employee Name: _____
(please print)

Employee ID #: _____

Please check one:

Payroll Deduction: I hereby authorize the City of Waco to deduct my “I Have A Dream Scholarship Fund” contribution from my wages.

\$_____ per pay period x number of pay periods _____ =
\$_____ total contribution

{OR}

Cash / Check Enclosed \$_____

Checks should be made payable to the; City of Waco “I HAVE A DREAM SCHOLARSHIP FUND”.

Employee’s Signature: _____ Date: _____



Please return form to City of Waco Finance Department