IFB Solutions

EMPOWERING INDEPENDENCE

Staff Donation Campaign

Name _____

Address _____

City _____ State _____ Zip _____

Department _____ ☐ Temporary Employee

Payroll Deduction

For IFB EMPLOYEES ONLY!

Starting in January 2025

Recurring Donation Amount

$ _____

Per Pay Period

☐ **I authorize the use of payroll deduction to fulfill my pledge.**

Please deduct equal amounts each pay period until I request to stop the deduction.

Please select a pay period

Your Signature

_____

Date of Gift/Recurring Gift

_____

1 Time Payment

Due by September 31, 2025

Total 1 Time Donation Amount

$ _____

☐ **Check (make payable to IFB Solutions**

☐ **Cash**

☐ **Send me a pledge reminder in November**

☐ **Credit/Debit Card**

Card #

_____

CVV or CSC code

3-digit *(Visa/MC)* **or 4-digit***(AmX)*

_____

Expiration Date

_____

THANK YOU

FOR YOUR GENEROUS SUPPORT!

All **CONTRIBUTIONS ARE TAX DEDUCTIBLE** *within the limits of Federal and State law. IFB Solutions is a registered 501(c)(3) not-for-profit organization.*

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