



11BDiann Shaddox Foundation for Essential Tremor

Committed to bring awareness and find a cure for Essential Tremor

Payroll Deduction Form (please print or type)

Name _____

Billing address _____

Department or Store
Name _____

City, ST, Zip Code _____

Phone _____

Email _____

Associate Number _____

I do not want periodic DSF information sent to my email address

Please deduct this amount from each paycheck I receive \$_____.

I would like to make a one-time donation. Please deduct the following amount from my next paycheck. \$25.00, \$50.00, \$100.00 or other \$_____.

Please sign and authorize your payroll deduction

Signature

Date

Thank you for helping Diann Shaddox Foundation for Essential Tremor improve quality of life for over 42 million people worldwide.

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