## Look what I won or bought at the "Miracle on Main Street" online auction



Name:\_\_\_\_\_

I would like to pay what I owe through payroll deduct.

E	Employee name (PRINT)	Employee signature
Date		
Total A	mount Owed:	
	per pay period for four pay periods for a total of	
	per pay period for 2 pay periods for a total of	
	One time gift for a total of	

PLEASE RETURN FORM TO THE FOUNDATION OFFICE OR MAILBOX OR FAX 414-4934

Thank you so much for supporting NAM Foundation!

Your gifts made a difference!!

