



Because We Care!

**Superior Court Clerks'
Benevolent Fund of
Georgia**

**PLEDGE
CARD**

Your gift is tax deductible.

Contributor (please print)

Office telephone number

Mailing address

Fax number

City, State and Zip

Email address

CHECK

Enclosed is a check in the amount of \$_____. Make check payable to
Superior Court Clerks' Benevolent Fund of Georgia.

CREDIT CARD OR DIRECT DEBIT:

I authorize the Superior Court Clerks' Benevolent Fund of Georgia to charge my account in the
amount of \$_____ as follows:

___ Annually ___ Semi-annually ___ Quarterly

___ Other (specify terms) _____

Account Holder Name: _____

Account type (circle one): **VISA** or **MasterCard** or
Bank Account (name of bank) _____

Account Number: _____ Expiration Date: _____

Authorized Signature: _____

PAYROLL DEDUCTION

(This form should be submitted directly to your county payroll department)

County: _____

County Address: _____

Mailing Address City State Zip

I am paid (check one) Weekly ___ Bi-weekly ___ Monthly ___

I authorize my county governing authority to deduct \$_____ each month and to forward
this amount to the *Superior Court Clerks' Benevolent Fund of Georgia.*

Employee Signature: _____ Date: _____