



City of Santa Ana Fund - Ismael Castelan

Employee Name	
Employee ID	
Employee type (Circle one)	<input type="checkbox"/> FT <input type="checkbox"/> PT
Pledge Amt - per payperiod	\$ _____
Donation Length (Select One)	<input type="checkbox"/> One time <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months
	<i>OR Specific timeframe:</i>
	Beginning : <u>01 / 01 / 2018</u> End : _____ / _____ / _____
Phone #	
Employee Signature	_____ DATE _____

Thank you for your generous support!