



PLEDGE CARD

Name (print): _____

Name (signature): _____ Date: _____

Social Security Number: _____ House Code: _____

EMAIL: _____

May we publish your name as a contributor to the Ruby Has Heart Fund? _____ Yes _____ No

To make a donation, please choose one of the options below:

An ongoing donation may be taken out of your paycheck until you contact us.
(30 days notification required to stop.)

- \$5.00 / Pay period
- \$2.00 / Pay period
- \$1.00 / Pay period
- Other Amount \$ _____ / Pay period

A one-time donation of _____ (Amount will be deducted from your paycheck upon the Fund's receipt of your pledge.)

To change your donation amount, please indicate the new amount you would like to contribute each pay period.

\$ _____ / Pay period

Please submit this form using one of the options below:

Mail to:

Ruby Has Heart Fund
Attn: Clara Heaton
216 East Church Ave
Maryville, TN 37804

Fax to:

Ruby Has Heart Fund
(865) 238-2210

E-Mail or Scan to:

payroll@rubytuesday.com or
Clara Heaton
cheaton@rubytuesday.com