



Innocence Project New Orleans
Employee Giving Pledge Form

Contact Information

Name _____
First Last

Home Address _____
Street City State Zip

Email _____ Phone _____

Employer _____ HR Contact Name _____

HR Contact Email _____ HR Contact Phone _____

Employee ID (if applicable) _____ Dept/Location _____

Giving Options

Recurring Payroll Deduction

I pledge to have the following amount deducted per pay period:

\$25 \$50 \$100 Other \$ _____

One-Time Payroll Deduction

\$25 \$50 \$100 Other \$ _____

Signature _____ Date _____

Once you complete this form, please submit a copy to your HR Professional and to IPNO at info@ip-no.org