



**LAGRANGE FIRE & RESCUE  
DEPARTMENT  
QUARTERLY DEDUCTION  
AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize LaGrange Fire & Rescue  
(Print name legibly)  
Department to deduct \$\_\_\_\_\_ from my quarterly paycheck until further notice.

I further authorize LaGrange Fire & Rescue Department to forward said funds to:

SUPPORTING HEROES, INC -- P. O. Box 991547 -- Louisville, KY 40269-1547.

EMPLOYEE SIGNATURE \_\_\_\_\_ EMPLOYEE or PAYROLL ID \_\_\_\_\_



**MEMBERSHIP INFORMATION**  
(LaGrange Fire & Rescue Department)

NAME \_\_\_\_\_

RANK \_\_\_\_\_

MEMBERSHIP TYPE: INDIVIDUAL \_\_\_\_\_ FAMILY \_\_\_\_\_ (see back)

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_  
(NOTE: Keeping our members informed via email helps us to keep our operating expenses to a minimum.)

PHONE (Optional) \_\_\_\_\_

AMOUNT AUTHORIZED  
PER QUARTERLY PAY PERIOD: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

*NOTE: Individual membership is \$120 annually (\$30.00 per quarter) and family membership (two adults) is \$200 annually (\$50 per quarter).*

FOR OFFICE USE	MMBR#	MEMB	ZIP+4	CARD	EMAIL	GROUPS	WEBSITE	PACKET	AGENCY
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