



The Wings Foundation, Inc.

Authorization for Payroll Deduction

Name: _____ Emp#: _____

Base Code:

(select one only)

- 2822 _____ **BOS/BOS-I**
- 2823 _____ **DCA**
- 2825 _____ **DFW/IDF**
- 2832 _____ **LAX/LAX-I**
- 2829 _____ **LGA/JFK**
- 2827 _____ **MIA/IMA**
- 2831 _____ **ORD/IOR**
- 2830 _____ **RDU**
- 2833 _____ **SFO**
- 2834 _____ **STL**

Monthly Donation Amount:

Note: Deduction is only taken from
the end of the month paycheck.

_____ **\$ 2.00**

_____ **\$ 5.00**

_____ **\$10.00**

_____ **\$20.00**

_____ **Other** *(write in amount)*

This is: _____ **a new deduction**
_____ **to stop deduction**
_____ **an amount change**
_____ **a base change from _____ to _____**

Signature: _____ **Date:** _____

Board mail to your Local Wings Base Representative
info at www.wingsfoundation.com or Mail to:

The Wings Foundation, Inc.
P.O. Box 610563
DFW Airport, TX 75261-0563

Thank You!