



*Brotherhood for the Fallen
Boston Chapter, Inc.*

Payroll Deduction Form

Date: _____

Employee ID: _____

Employee Name: _____

Department Name: _____

I hereby authorize the City of Boston to deduct from my wages \$2 a week, every pay period, for Sworn Officer Membership dues to the Brotherhood for the Fallen Boston Chapter for the period of at least one calendar year.

Signature: _____ Contact Phone Number: _____

Email Address: _____

Brotherhood for the Fallen Boston Chapter

295 Freeport St

Dorchester, MA 02122