

JOSEPHINE COUNTY EDUCATIONAL FUND:
ROBERT ZOTTOLA/VERNA ZOTTOLA-SCOTT
MEMORIAL SCHOLARSHIP
PAYROLL DEDUCTION AUTHORIZATION

EMPLOYER:

Grants Pass School District 7
725 NE Dean Drive
Grants Pass OR 97526

EMPLOYEE:

Name

Last 4 digits-Social Security # Telephone #

Address

City, State Zip

PAYROLL DEDUCTION (Recurring Monthly)

I would like to donate to **Zottola Family Memorial Scholarship** a gift of:

\$ _____ per paycheck, effective _____.

(Date)

Date _____ Signature _____

PAYROLL DEDUCTION

I would like to make a **one-time** donation of:

\$ _____ from my _____ paycheck.

(Month)

Date _____ Signature _____

All donated monies will be forwarded to:

Josephine County Educational Fund
C/O Robert Zottola/Verna Zottola-Scott Memorial Scholarship
P.O. Box 908
Grants Pass OR 97528

To begin deduction for the current pay period, this form must be received in the District Payroll Office no later than the 15th of the month. The recurring monthly donation designation will remain in effect until the Employee terminates the arrangement by submitting a request in writing to the payroll department.