

# JOSEPHINE COMMUNITY LIBRARIES PAYROLL DEDUCTION AUTHORIZATION

## EMPLOYER:

Grants Pass School District 7

725 NE Dean Drive

Grants Pass OR 97526

## EMPLOYEE:

\_\_\_\_\_  
Name

\_\_\_\_\_  
LAST 4 DIGITS - Social Security # and Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

PAYROLL DEDUCTION (Recurring Monthly)

I would like to donate to **Josephine Community Libraries** 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 COMMUNITY LIBRARIES  
PO Box 1684  
Grants Pass OR 97526

To begin deduction for the current pay period, this form must be received in the District Payroll Office no later than the 15<sup>th</sup> 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.