

*JOSEPHINE COUNTY EDUCATIONAL FUND, INC*  
*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 **GPHS AVID SCHOLARSHIP FUND**, 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, Inc.  
PO 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 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.