

JOSEPHINE COUNTY CULTURAL COALITION 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 **Josephine County Cultural Coalition** a gift of:\$_____ per paycheck, effective _____.
(Date)

Date _____ Signature _____

 PAYROLL DEDUCTIONI would like to make a **one-time** donation of:\$_____ from my _____ paycheck.
(Month)

Date _____ Signature _____

All donated monies will be forwarded to:

Josephine County Cultural Coalition
C/O Mike Bird/Mary Walgrave
P.O. Box 1086
Grants Pass OR 97528To 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.