

GPHS ATHLETIC BOOSTER CLUB
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 ATHLETIC BOOSTER CLUB*** 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:

GRANTS PASS HIGH SCHOOL
ATHLETIC BOOSTER CLUB

To begin deduction for the current pay period, this form must be received in the District Payroll Office no later that the 15th of the month. This agreement will remain in effect until the Employee terminates this agreement by submitting a request in writing.