

COLLEGE DREAMS

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 **COLLEGE DREAMS** 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:

COLLEGE DREAMS/DREAM SAVERS
C/O Josephine County Education Foundation
P.O. Box 1407
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.