

***ACADEMIC MASTERS
PAYROLL DEDUCTION
AUTHORIZATION***

EMPLOYER:

Grants Pass School District 7
725 NE Dean Drive
Grants Pass OR 97526

EMPLOYEE:

Name

Last 4 of Social Security # AND phone #

Address

City, State Zip

PAYROLL DEDUCTION

I would like to donate to **Academic Masters** a gift of:

\$ _____ per paycheck, effective _____.
(Date)

Date _____ Signature _____

All donated monies will be forwarded to:

ACADEMIC MASTERS
C/O Grants Pass Foundation
P.O. 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 15th of the month. This agreement will remain in effect until the Employee terminates this agreement by submitting a request in writing.