

POTTSGROVE SCHOOL DISTRICT
PAYROLL DEDUCTION FORM FOR POTTSGROVE EDUCATIONAL FOUNDATION

Name: _____

Select One: New Enrollment _____

Change _____

I authorize PAYROLL to automatically deduct the amount indicated below from each of my paychecks, beginning with my next pay, as a charitable contribution to the Pottsgrove Educational Foundation. This deduction will be ongoing until such time I initiate a termination using this form. I understand that this contribution is tax deductible and that the total annual amount will be reflected on my final paystub of the calendar year.

\$1.00 _____

\$2.00 _____

Other Amount: \$_____

Signature of Employee

Date