

***STACY MORGAN FUTURE  
CAVERS SCHOLARSHIP  
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 ***to the Stacy Morgan Future Cavers Scholarship fund*** a gift of:

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

All donated monies will be forwarded to:

STACY MORGAN FUTURE CAVERS SCHOLARSHIP  
C/O Grants Pass School District No. 7; Trust Fund 701  
725 NE Dean Drive  
Grants Pass OR 97526

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