



Maypearl Education Foundation Contribution Agreement

OPTION 1

I would like to contribute to the Maypearl Education Foundation on a monthly basis through payroll deduction.

\$_____ Monthly amount to be deducted

OPTION 2

I would like to make a one-time contribution to the Maypearl Education Foundation.

\$_____ One-time amount to be deducted from _____
List pay period month

If you wish to designate your contribution to one or more of the following individual scholarships, please list the amount in the blank space.

_____ **Andy Austin Memorial**

_____ **Charles Hicks Memorial**

_____ **Lisa Miller Memorial**

_____ **Connie Perdue Memorial**

_____ **WG Roesler Scholarship**

_____ **Karla Ford Memorial**

_____ **David Mooney Scholarship**

_____ **Mika Terry Memorial**

_____ **Jim Beam Memorial**

_____ **Vicky Williams Memorial**

Employee Signature

Date