

ATHENS CITY SCHOOLS FOUNDATION

PAYROLL DEDUCTION FORM

Name _____
Last Name First Name

Social Security Number _____ - _____ - _____ School _____

Employee Number (if available): _____

I hereby pledge the following amount to the Athens City Schools Foundation:

- I am a new donor giving:
- \$24 (\$2.00 per month)
 - \$36 (\$3.00 per month)
 - \$60 (\$5.00 per month)
 - \$120 (\$10.00 per month)
 - \$180 (\$15.00 per month)
 - \$240 (\$20.00 per month)
 - \$300 (\$25.00 per month)
 - Other: _____
- I am a current donor. Please increase my monthly giving by the following amount:
\$ _____ per month
- I am attaching a single check for a one-time donation in the amount of
\$ _____.

Employee Signature: _____ Date: _____

- Please deduct the amount indicated above from my paycheck beginning immediately and continue my contribution until I ask for it to be removed.



Please return this form to the Foundation at the ACS Central Office or email to foundation@acs-k12.org. Thank you.