



Watertown Mayer Employee Contribution Form

PLEASE RETURN THIS FORM TO THE DISTRICT OFFICE % WMEF

Employee Name (printed)

Employee Signature

Date

Home Address

City

Zip Code

Email Address

Payroll Deduction - The amount designated below will be deducted from each regular paycheck

- \$50
- \$40
- \$25
- \$10
- \$5
- Other: \$ _____

Direct Contribution - Attach check or cash. A tax receipt will be emailed to you once processed.

Amount included \$ _____

Unless otherwise directed, payroll contributions go to the area of greatest need as determined by the Foundation Board of Directors. If you want your donation to go to a specific purpose, please indicate below.

Select One:

- Academic Scholarships
- Innovation Teacher Grants
- General Fund
- Other _____

Thank you for your ongoing support! For payroll deductions, this contribution begins with the next payroll date once processed and will continue until you notify payroll, in writing, of an adjustment. All gifts are tax deductible.

For Office Use Only:

Amount per paycheck

Annual amount

Date