

**AGREEMENT REQUESTING PAYROLL DEDUCTION FOR THE
FREEHOLD BOROUGH EDUCATIONAL FOUNDATION**

**Please complete form and return signed to
Angela Sigman in the Board Office.**



**Freehold Borough
Educational
Foundation**

NAME: _____

ADDRESS: _____

SCHOOL: _____

I wish to support the Foundation in its efforts to assure educational
excellence in the Freehold Borough District in the amount of:

\$10.00 _____ \$5.00 _____ \$2.00 _____ other \$ _____ **per pay**

Signature of Employee