



Maypearl Independent School District

TRADITION – PRIDE - PURPOSE

Maypearl Education Foundation Contribution Agreement

OPTION 1

I would like to contribute to the Maypearl Education Foundation monthly 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 _____
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**

_____ **Bellanne Butterfly Blessing**

_____ **L.M. Boone Memorial**

_____ **WG Roesler Memorial**

_____ **Brian Bilbrey Memorial**

_____ **Mika Terry Memorial**

_____ **Vicky Williams Memorial**

_____ **Jim Beam Memorial**

_____ **The Lions Club**

_____ **Bobby Moss Memorial**

If you would like to make a one-time donation, in the amount of _____ dollars, to the Maypearl ISD Family Flower Fund in September. Please circle yes and initial. **YES** _____

Employee Signature

Date