



## Employee Contribution Program

Name: \_\_\_\_\_

School/Building: \_\_\_\_\_

I hereby authorize Fraser Public Schools to deduct the amount designated below from my pay. I understand that this money will be used by the Fraser Educational Foundation for the benefit of the students of Fraser Public Schools.

### **Payroll Deduction – Per Pay**

I wish to donate \_\_\_\_\_ \$2.00  
- \_\_\_\_\_ \$5.00  
\_\_\_\_\_ \$10.00

Other (specify) \_\_\_\_\_

### **Annual Contribution**

I wish to make an annual contribution of \$ \_\_\_\_\_ each year at the following time: \_\_\_\_\_.

### **One-time Contribution**

I wish to make a one-time contribution of \$ \_\_\_\_\_.

Signature: \_\_\_\_\_

This tax-deductible charitable contribution will be automatically renewed unless donor requests a change. Thank you.

Please return the completed form to the Jill Oltman - Admin Building.