 Employee ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payroll Deduction Authorization Form**

This authorization for payroll deduction will remain in effect each month and can be revoked at any time by contacting the Payroll Department.

**Shoreline Public Schools Foundation**

Our Mission: The Shoreline Public Schools Foundation funds

opportunities for educational success.

The Shoreline Public Schools Foundation is pleased to offer the opportunity for staff of the Shoreline School District to participate in a payroll deduction program to donate set dollar amount monthly to the Foundation. Your donation will support students, families and educational opportunities in all of our schools throughout each school year.

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

(First Name) (Middle Initial) (Last Name)

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date to Start Deduction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Month) / (Year)

**Please choose an option below.**

**I authorize the Shoreline School District to withhold the following monthly deduction**

**for the Shoreline Public Schools Foundation.**

* **Hero:** $100
* **Champion:** $85
* **Advocate:** $45
* **Supporter:** $25
* **Friend:** $10

I choose a one (1) time deduction of $\_\_\_\_\_\_\_

Shoreline Public Schools Foundation is a 501 (c)(3) organization. For more information please visit: **shorelinefoundation.org**

August 2022