



COMMUNITY ISD
EDUCATION FOUNDATION

Employee Contribution & Payroll Deduction Form

To donate to the **Community ISD Education Foundation**, please provide the information requested below and return the completed form to the **CEF table in the foyer** or **Payroll** at the **Central Administration Office**.

Print Name _____
Last First Initial

Address _____

City, State, Zip _____

Employee ID Number _____

Prize!

All employees making a \$50.00 minimum donation to the foundation will be entered into a drawing for a \$200 cash prize.

The Foundation will draw the Lucky Winner at the end of the school year.

I PLEDGE A MONTHLY DONATION via PAYROLL DEDUCTION:

- \$5
- \$10
- \$15
- \$20
- \$25
- \$30
- Other: \$ _____

This 12-month pledge will be automatically renewed each year until I give notice otherwise to the district.

Upon termination of employment, I authorize any unpaid annual balance to be deducted from my final payroll check.

I PLEDGE A ONE-TIME GIFT OF \$ _____

- Cash Enclosed/Attached
- Check Enclosed/Attached
- Check # _____
- Use Credit Card
- MasterCard Visa American Express Discover
- Name on Card: _____
- CC#: _____
- Exp. Date: _____
- (Service Fee charge of 3.5% + .15 cent)*

PLEASE SIGN BELOW AUTHORIZING THE CISD PAYROLL DEPARTMENT TO DEDUCT THE PLEDGED AMOUNT FROM YOUR MONTHLY PAYROLL CHECK.

Employee Signature: _____ Date: _____

Thank you for your support of the Community ISD Education Foundation!

THIS IS A TAX-DEDUCTIBLE CONTRIBUTION!