

CALEDONIA EDUCATION FOUNDATION

PAYROLL DEDUCTION FORM

 Yes! I would like to use payroll deduction to contribute to the Caledonia Education Foundation.

Contribution Amount: I authorize my employer to deduct the following amount from my paycheck:

$ \_\_\_\_\_\_\_\_\_\_\_\_\_    per bi-weekly pay period

 \*This contribution will continue until payroll is notified otherwise.

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ one time gift

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total gift for 1 year

Name (printed):

Signature:

 (must be signed to validate)

Date:

School/Department:

Please return completed form **with signature** to Denise Blunk or Laura Bunzow, Payroll Coordinator, at the Administration Office.

Questions? Contact Denise Blunk, Executive Director at 891-0732 or info@caledoniacef.org.

We greatly appreciate your support and donation.