

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

$       one time gift

Name (printed):

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

Dated:

School/Department:

Please e-mail scanned form (with signature) or return to Stacey Kelly, Payroll – Administrative Office. [kellys@calschools.org](mailto:kellys@calschools.org).

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

We greatly appreciate your support and donation.