



CALEDONIA EDUCATION FOUNDATION
PAYROLL DEDUCTION FORM

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 with CEF or Tonya Carpenter, Payroll Coordinator, at the Central Administration Office.

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

We greatly appreciate your support and donation.