



Please fill out one of the sections below to make your tax-deductible contribution to the Foundation.

PAYROLL DEDUCTION

This form authorizes the deduction of funds from my paycheck in accordance with the directions below:

- I authorize the withdrawal of \$ _____ from each bi-weekly pay beginning in the month of _____, 2009 until my total commitment of \$ _____ has been fulfilled.
- I authorize a one-time withdrawal of \$ _____ from my next bi-weekly pay.

Name _____ Employee ID# _____

Department/School _____ Cost Center: _____

Home Address _____

City, State & Zip _____ Phone Number _____

Signature _____ Date _____

ONE-TIME GIFT (other than Payroll Deduction)

Name _____ Employee ID# _____

Department/School _____ Cost Center: _____

Home Address _____

City, State & Zip _____ Phone Number _____

Signature _____ Date _____

- Total Gift Amount \$ _____ (Please make checks payable to CCPS Education Foundation)

I would like my gift to be in HONOR of: _____

I would like my gift to be in MEMORY of: _____

I would like to remain anonymous. Please do not publish my name as a donor.

After completing this form, you may electronically save it to your computer and then email it to the Foundation: ajluchi@carrollk12.org OR you may print it and send it in the Pony to CCPS Foundation at Central Office.

Thank you for your generosity!

★ 100% OF YOUR GIFT WILL BE DIRECTED TOWARDS CCPS SCHOOL PROGRAMS! ★

Questions? Please call Andie at 410-751-3098.