

Battle Ground School District Donation Deduction Authorization


Employee Name _____ Location _____

Signature _____

I hereby authorize my employer, Battle Ground School District, to deduct from my monthly pay the following donation as specified below:

Please direct my donation to the following recipient:

Breakdown of Monthly Allocation

| | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Citizens for Better Schools  | \$ _____ |
|--------------------------|---|----------|


[C3-207]

| | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | Battle Ground Education Foundation  | \$ _____ |
|--------------------------|--|----------|

[B3-206]

| | | | |
|--------------------------|---|--|--|
| <input type="checkbox"/> | School Direct Donation  | Please direct my donation to: <input type="checkbox"/> School _____ \$ _____ <input type="checkbox"/> Classroom _____ \$ _____ (Please Specify) | |
|--------------------------|---|--|--|

[D1-VARIES]

| | | | |
|--------------------------|---|--|----------|
| <input type="checkbox"/> | Battle Ground School District  | (At large donation to be used in compliance with general fund) | \$ _____ |
|--------------------------|---|--|----------|

[D1-200]

Beginning: _____ Ending: _____ Check here if ongoing Total Amount Per Pay Period: \$ _____
 Month Year Month Year