

**Grain Valley R-5 School District
Education Foundation Donations
Payroll Deduction Authorization**

Name:

Position:

Location:

New

Change

Donation Distribution

- | | | |
|---|----------------|--------------|
| <input type="checkbox"/> General Foundation Fund (any foundation program) | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Student Scholarships (unrestricted) | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Jerry Mueller Memorial Scholarship | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Teacher Classroom Grants | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Teacher & Staff Grants for Seminars and Training | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Athletics Programs | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Instrumental Music Programs | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Fine Arts Programs (Theatre, Vocal Music & Art) | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Outdoor Classroom | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Robotics Program | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Classroom Technology | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Rachel House Hudson Memorial Scholarships | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Library Resources | Dollar Amount: | per paycheck |
| <input type="checkbox"/> David and Patty Hackett Scholarship | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Sni Valley Academy Scholarships | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Jean Gillig Scholarship | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Dr. Roy Moss Memorial Education Scholarship | Dollar Amount: | per paycheck |
| <input type="checkbox"/> Other _____ | Dollar Amount: | per paycheck |

Deductions other than those listed must be approved by the Foundation prior to going into effect.

Total Donation Amount per paycheck:

I authorize the above post-tax salary deductions to be deducted from my pay each payday. I acknowledge that any or all of the above deductions can be terminated at any time by my written notification to the District subject to the terms of the cancellation clause on this form.*

Signature: _____

Date: _____

Cancel: I no longer desire to participate in the Education Foundation salary deduction donation program. I acknowledge the terms of the cancellation clause apply.

Signature: _____

Date: _____

*Cancellations and changes to payroll deductions will normally be effective one full pay period following the date of submission of this form. Retroactive changes are not authorized.