Grain Valley Education Foundation Payroll Contribution Authorization

Name:

Position:

Location:

	New	Change	Addi	tion \$	per paycheck
Donation Distribution					
	General Foundation	Fund (any foundation pr	ogram) [Dollar Amount:	per paycheck
	Student Scholarships	s (unrestricted)	[Dollar Amount:	per paycheck
	Jerry Mueller Memo	rial Scholarship	[Dollar Amount:	per paycheck
	Teacher Classroom C	Grants	[Dollar Amount:	per paycheck
	Teacher & Staff Grar	nts for Seminars and Trai	ning [Dollar Amount:	per paycheck
	Athletics Programs		[Dollar Amount:	per paycheck
	Instrumental Music	Programs	[Dollar Amount:	per paycheck
	Fine Arts Programs (Theatre, Vocal Music & A	۲t) آ	Dollar Amount:	per paycheck
	Outdoor Classroom		[Dollar Amount:	per paycheck
	Robotics Program		[Dollar Amount:	per paycheck
	Classroom Technolo	gy	[Dollar Amount:	per paycheck
	Rachel House Hudso	on Memorial Scholarships	; [Dollar Amount:	per paycheck
	Library Resources		[Dollar Amount:	per paycheck
	David and Patty Hac	kett Scholarship	[Dollar Amount:	per paycheck
	Sni Valley Academy	Scholarships	[Dollar Amount:	per paycheck
	Dr. Roy Moss Memo	rial Education Scholarshi	p [Dollar Amount:	per paycheck
	Pam Perry "Always a	an Eagle" Scholarship	[Dollar Amount:	per paycheck
	Mary & Lonnie Harp	er Speech & Debate Scho	olarship [Dollar Amount:	per paycheck
	John Cianciolo Mem	orial Scholarship	[Dollar Amount:	per paycheck
	Napier Award Memo	orial Scholarship	[Dollar Amount:	per paycheck
	Barbara & Moody M	lurry Music Scholarship	[Dollar Amount:	per paycheck
	Bright Futures – Gra	in Valley	[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.