



GLoucester County Public Schools Educational Foundation, Inc.



PAYROLL DEDUCTION FORM

FIRST NAME: _____ LAST NAME: _____

SCHOOL / DEPARTMENT: _____

No I WANT TO FINANCIALLY SUPPORT THE GLOUCESTER COUNTY
PUBLIC SCHOOLS EDUCATIONAL FOUNDATION, INC. VIA
 Yes THIS PAYROLL DEDUCTION FORM.

I UNDERSTAND THAT THE FIRST PAYROLL DEDUCTION WILL NOT START UNTIL **JANUARY 2022** AND I CAN STOP THIS PAYROLL DEDUCTION AT ANY TIME. HOWEVER, IF WISH TO STOP THE PAYROLL DEDUCTION PROCESS, I MUST DO SO BY NOTIFYING THE **PAYROLL DEPARTMENT IN WRITING ON OR BEFORE THE 12TH OF THE MONTH** IN ORDER TO STOP THE PAYROLL DEDUCTION FOR THAT MONTH.

THE MONTHLY AMOUNT I WOULD LIKE TO HAVE DEDUCTED FROM MY PAYCHECK IS: \$ _____ PER MONTH FOR THIS NUMBER OF MONTHS _____, WHICH EQUALS A TOTAL AMOUNT OF \$ _____ .

[EXAMPLE: \$5.00 PER MONTH x 12 MONTHS = \$60 TOTAL AMOUNT]

SIGNATURE: _____ DATE: _____

THE GLOUCESTER COUNTY PUBLIC SCHOOLS EDUCATIONAL FOUNDATION IS A NONPROFIT CORPORATION

THIS CAMPAIGN IS SEPARATE FROM THE UNITED WAY CAMPAIGN, BUT BOTH CAMPAIGNS RUN CONCURRENTLY AT THE SAME TIME. YOU DO NOT NEED TO FILL OUT THE UNITED WAY FORM TOO IF YOU USE THIS FORM. HOWEVER, YOU CAN DONATE TO THE GCPS EDUCATIONAL FOUNDATION VIA THE UNITED WAY FORM IF YOU SO DESIRE—YOU HAVE THAT CHOICE. IF YOU USE THIS FORM AND WANT TO GIVE VIA A CHECK, PLEASE MAKE THE CHECK OUT TO “**THE GCPS EDUCATIONAL FOUNDATION, INC.**”