

Enumclaw School District Employee Giving Program

to benefit students in the ESD through

Enumclaw Schools Foundation

School Payroll Authorization

New Request

Amount Change

Cancellation

Name _____ School/Location _____

Amount per Month \$ _____

Start Date _____ End Date _____

By signing this document, I hereby authorize my payroll office to make the continuing deduction shown above to Enumclaw Schools Foundation and to make any necessary corrections.

Signature

Date

Attention Member: Please deliver this form to the Enumclaw School District Payroll Office.

Processed by _____ Date _____