



# POWAY UNIFIED SCHOOL DISTRICT FOUNDATION

13626 Twin Peaks Road, Poway, California 92064-3034

(858) 668-4030 Fax (858) 748-7368

<http://www.powayusd.com/partners/foundation.htm>

## PUSD EMPLOYEE DONATION FORM

**YES!** I want to contribute to the *PUSD Foundation!*

*All proceeds will be used to benefit all students of the Poway Unified School District.*

*I would like to make a donation of \$ \_\_\_\_\_*

### INFORMATION

#### **Monthly Payroll Deduction - Through June 30, 2004, Maximum**

*(If this form is received by October 14, deductions will be made only in the months of November through June 2004.)*

\$ \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
(Amount withheld each paycheck) (Paychecks per year) (Total payroll deduction)

**One-Time Payroll Deduction:** \$ \_\_\_\_\_  
(One-time amount)

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby authorize Poway Unified School District to deduct from earnings each payroll period the amount set forth above. All monthly deductions will cease July 1, 2004.

\_\_\_\_\_  
Employee Signature Date Effective Date

All contributions are **tax-deductible**. Tax ID #54-2098945

## Thank You For Your Donation!

**Please Forward This Completed Form To: Poway Unified School District Foundation**  
**Attn: Irene S. Frank, Executive Director**  
13626 Twin Peaks Road  
Poway, CA 92064-3034

**We Will Deliver This Form To The Payroll Department On Your Behalf.**