

**Fraser Educational Foundation 2016-2017
Employee Contribution Program**

Name: _____
School: _____

I hereby authorize the Fraser Public Schools to deduct from my pay the amount designated below. I understand that this money will be used by the Fraser Educational Foundation for the benefit of the students of the Fraser Public Schools District. There are three ways to participate:

Payroll Deduction – Per Pay

I wish to donate _____ \$1.00
 _____ \$5.00
 _____ \$10.00
Other (specify) _____

Annual Contribution

I wish to make an annual contribution of \$ _____ each year at the following time _____.

One Time Contribution

I wish to make a one-time contribution of \$ _____.

Signature: _____

This tax deductible charitable contribution will be automatically renewed unless donor requests a change. Thank you.

Please print and fill out the form. Return the completed form to the Superintendent's office.