

## Schaumburg Township Elementary School Foundation

524 E. Schaumburg Road ◆ Schaumburg, IL 60194

♦ phone (847) 357-5027 fax (847) 357-5010

## EMPLOYEE PLEDGE/PAYROLL DEDUCTION – SUBMIT FORM TO PAYROLL DEPT.

Yes, I wish to support the Schaumburg Township Elementary School Foundation. I hereby authorize School District 54 to deduct the following amount from each of my paychecks throughout my employment with District 54, unless I notify the district or the Foundation in writing that I wish to stop the automatic deduction. (Please check your paycheck for verification.)

<b>Payroll deduction:</b> Please deduct the amount of <u>\$</u> from each paycheck.			
Employee ID# (needed for payroll dedu	actions only)	Employee's S	ignature
Employee's Name (Please print)	School/Service Area		Today's Date
☐ Please check here if you would like the Thought program, which provides breakfar. ☐ Please check here if you would like the	sts for students in	need in District 54	•
which provides immediate financial assists ONE-TIME DONATION	ance to students an	nd families in need	in District 54.
I do not wish to participate in payroll do The amount of \$ in enclosed.	_	accept my cash/c	heck donation.
Please check here if you would like to Thought program, which provides breakfa			
Please check here if you would like to provides immediate financial assistance to			