



Schaumburg Township Elementary School Foundation

524 E. Schaumburg Road ♦ Schaumburg, IL 60194 ♦ phone (847) 357-5141

EMPLOYEE PLEDGE/PAYROLL DEDUCTION

Please submit form to payroll department.

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.)

Payroll deduction: Please deduct the amount of \$_____ from each paycheck.

Employee ID# (needed for payroll deductions only)

Employee's Signature

Employee's Name (Please print)

School/Service Area

Today's Date

ONE-TIME DONATION

I do not wish to participate in payroll deduct, but please accept my cash/check donation.

The amount of \$_____ in enclosed.