

Cedar Falls Community Schools Payroll Deduction Form



I authorize the payroll department of the Cedar Falls Community School District to deduct:

12-month contracted staff:

- \$5 each month (\$60/year)
- \$10 each month (\$120/year)
- \$15 each month (\$180/year)
- \$20 each month (\$240/year)
- \$25 each month (\$300/year)
- \$50 each month (\$600/year)
- Other \$_____ each month

10-month contracted staff:

- \$5 each month (\$50/year)
- \$10 each month (\$100/year)
- \$15 each month (\$150/year)
- \$20 each month (\$200/year)
- \$25 each month (\$250/year)
- \$50 each month (\$500/year)
- Other \$_____ each month

for a donation to the Cedar Falls Schools Foundation.

Donor Information

Name: _____ Employee ID: _____

I wish to remain anonymous

Signature: _____ Date: _____

Please return completed form by mail or email to:

Cedar Falls Schools Foundation
602 Main Street
Cedar Falls, IA 50613

foundation@cfschools.org

This form must be received by the 15th of any month for the donation to begin that month.

This authorization shall continue until you notify the CFCSD business office in writing to stop. Cedar Falls Schools Foundation is a 501(c)(3) tax exempt organization. You will receive an acknowledgement for your gift at the beginning of each calendar year that may be used as a receipt.

Cedar Falls Schools Foundation

(319) 268-7007 | www.cfschools.org/foundation | foundation@cfschools.org