

PLEASE COMPLETE, SIGN, PRINT AND RETURN THE ENTIRE FORM TO LYNNETTE LEMEN AT THE
CENTERVILLE CSD ADMINISTRATION OFFICE

E-mail submission of completed form will not be accepted.

APPANOOSE COUNTY UNITED WAY

SCHOOL EMPLOYEE DONATION CARD

NAME: _____

PLEASE PRINT

TOTAL DONATION AMOUNT: \$ _____

.....
Please indicate how you, as an employee of the Centerville CSD, wish to donate

Check

Cash \$ _____

Total dollars enclosed with this form

Payroll Deduction:

I hereby authorize my employer to deduct _____ consecutive
(# of pays)
pays of \$ _____ per pay period with final pay ending on _____ for the
(date)

2017-18 school year.

Date

Signature