

PAYROLL DEDUCTION FORM

Name of School Division

Name of Donor

Address

Teaching Certificate

My total gift to support research into teaching/learning is

\$

I authorize my school division to deduct

\$ _____ one-time deduction in _____ month _____ year

\$ _____ per pay period beginning on _____ month _____ year and ending on _____ month _____ year

\$ _____ per pay period until further notice.

\$ _____ annually in _____ month for _____ years

Special Instructions

I wish my donation to remain anonymous I wish only the amount of my donation to remain anonymous

Signature _____ Date _____