

Thank you for making the commitment to support the students of Ewing Township Public Schools via payroll deduction. We hope the schedule below helps you in planning your gift.

**Twelve month employees  
(compensated 24 times per year)**

**Ten month employees  
(compensated 20 times per year)**

**Deduction per  
Paycheck**

**Total Gift**

**Deduction per  
Paycheck**

**Total Gift**

\$ 1.00      \$ 24  
 \$ 2.08      \$ 50  
 \$ 3.13      \$ 75  
 \$ 4.17      \$ 100

\$ 1.00      \$ 20  
 \$ 2.50      \$ 50  
 \$ 3.75      \$ 75  
 \$ 5.00      \$ 100

**PLEASE DETACH AND RETURN TO PAYROLL AT THE RYAN BUILDING**



**Ewing Public Education Foundation, Inc.  
 Funding Innovation in Education  
 Ewing Township Public Schools  
 Payroll Deduction Authorization**

I authorize a payroll deduction of \$ \_\_\_\_\_ each pay period starting \_\_\_\_\_, 2005.  
 \_\_\_\_\_ month, day  
 (Please see schedule of payment amounts above)

I prefer to make a gift at this time. Enclosed is my check for \$ \_\_\_\_\_.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this completed form through interschool mail to the Payroll Department/Ryan Building.  
**Thank you for your support of our students!**