

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!