CASD FOUNDATION PAYROLL DEDUCTION FORM

Making a contribution to the Annual Campaign is as easy as completing this form!

Since our inception, we have contributed more than $1.5M in classroom grants and scholarships.

Every dollar makes a difference and no gift is too small to impact student learning.

Your support is greatly appreciated!

The Foundation is a 501(c)3 organization and gifts are tax-deductible as eligible by law.

Print Name: _______________________________ Building: ____________________________

This form is only necessary if you would like to start, change, or stop the CASD Foundation payroll deduction.

Your selection made below will continue to be deducted through payroll each pay period until another CASD Foundation Deduction Form is received.

Please select only one option below from 1 to 6:

1. □ $ 1.00 per pay
2. □ $ 5.00 per pay
3. □ $ 10.00 per pay
4. □ $ 20.00 per pay
5. □ Other amount - $____________ per pay
6. □ I want to stop my deductions.

The effective date of this form will be the date this form is received by the Payroll Department.

By my signature below, I authorize the Chambersburg Area School District to apply my payroll deduction based on my selection made above and understand this authorization is to remain in effect until the Payroll Department has received another completed and signed form indicating otherwise.

______________________________
Signature

______________________________
Date

Mailing Address:
Chambersburg Area School District
Attention: Payroll Department
435 Stanley Avenue
Chambersburg, PA 17201

Interschool Mail:
Administration Building
Payroll Department