



# AVON GROVE EDUCATION FOUNDATION

## PAYROLL DEDUCTION AUTHORIZATION FORM FOR CHARITABLE CONTRIBUTIONS

Employee Name	
SSN#	
Building	

I would like to voluntarily contribute to the Avon Grove Education Foundation (AGEF) through payroll deduction. I understand that this deduction will begin immediately and continue until I provide other instructions to the Avon Grove School District (AGSD) Payroll Department to cancel or make changes.

\$2 per pay period (\$48/year)		\$5 per pay period (\$120/year)	
\$10 per pay period (\$240/year)		\$20 per pay period (\$480/year)	
\$____ per pay period		Enclosed is my one-time gift of \$____	

I hereby authorize the Avon Grove School District to deduct the amount stated above from my paycheck each pay period.

Please send the completed form to the AGSD District Office, attention Amy Seamon, Payroll Specialist.

For one-time gifts, please send your check, made payable to “**Avon Grove Education Foundation**” to

Avon Grove Education Foundation  
c/o Avon Grove School District  
375 S. Jennersville Rd  
West Grove, PA 19390

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

Date: \_\_\_\_\_