

Alhambra Gives

EMPLOYEE PAYROLL DEDUCT



Now there are **THREE** ways to be a **GIVER!**
Choose one or choose them all and be a **TRIPLE GIVER!**

1

ALHAMBRA GIFTS AND DONATIONS

Payroll deduction of:

- \$5
- \$10
- \$15
- \$20
- \$_____

I elect to continue the pledge amount above each fiscal year from this point forward. I understand I must submit a request in writing to payroll in order to stop this payroll deduction.

2

ALHAMBRA FOUNDATION FOR THE FUTURE

Payroll deduction of:

- \$5
- \$10
- \$15
- \$20
- \$_____

I elect to continue the pledge amount above each fiscal year from this point forward. I understand I must submit a request in writing to payroll in order to stop this payroll deduction.

3

SCHOOL TAX CREDIT

School you wish to support:

- | | |
|---|--|
| <input type="checkbox"/> Alhambra Traditional | <input type="checkbox"/> Granada Primary |
| <input type="checkbox"/> Andalusia Middle | <input type="checkbox"/> James W. Rice Primary |
| <input type="checkbox"/> Barcelona Middle | <input type="checkbox"/> Montebello |
| <input type="checkbox"/> Carol G. Peck. | <input type="checkbox"/> Sevilla Primary |
| <input type="checkbox"/> Catalina | <input type="checkbox"/> Sevilla West |
| <input type="checkbox"/> Cordova | <input type="checkbox"/> Simpson |
| <input type="checkbox"/> Granada East | <input type="checkbox"/> Westwood Primary |

Extracurricular Activity you wish to support:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Band | <input type="checkbox"/> STEM |
| <input type="checkbox"/> Music | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> P.E. | <input type="checkbox"/> Greatest Need |

Total payroll deduction of \$_____ to be equally divided among remaining pay periods for calendar year.

- Married Contribution (Up to \$400)
- Individual Contribution (Up to \$200)
- I elect to continue the pledge amount above each calendar year from this point forward. I understand I must submit a request in writing to payroll in order to stop this payroll deduction.

CONTACT INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

School/Dept: _____

Signature: _____ I Accept

Date: _____

Electronic Signature Agreement. By typing your name and selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

Please email completed form to cheryrcarder@alhambraesd.org.