



Payroll Unit – VOLUNTARY PAYROLL DEDUCTION FORM

New _____ Change _____ Cancel _____	
PRINT LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER
MAILING ADDRESS	HOME/CELL PHONE NUMBER
NAME OF SCHOOL DISTRICT WORK SITE	WORK PHONE NUMBER
Santa Monica Ed Foundation (benefitting Santa Monica schools only) MONTHLY AMOUNT (10 months) New: \$ _____ - or - Change: from: \$ _____ to: \$ _____	PAYROLL DEDUCTION EFFECTIVE DATE:

I hereby authorize SMMUSD to make monthly deductions in the amount above and forward them to the appropriate designated fundraising entity marked above. The Santa Monica Education Foundation (Tax ID # 95-3787674) is a public 501(c)(3) non-profit organization. Donations are deductible to the full extent allowed by law. The Santa Monica Ed Foundation acknowledges that the donor has not received goods, services or privileges in consideration for this donation.

I agree to hold harmless and indemnify the district and its officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence for failure or delay in making corrections as herein authorized.

This authorization replaces any previously made by me and is to remain in effect until changed or cancelled by submission of a new authorization.

Signature of Employee

Date Signed

You may publicly acknowledge my gift: Yes _____ No _____

If yes, please indicate how you would like to be listed for acknowledgement purposes.

_____ (please print)

PROCESSED BY:	DATE:
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