

Maypearl Independent School District

“A Superior Learning Community”

Maypearl Education Foundation Contribution Agreement

OPTION 1

I would like to contribute to the Maypearl Education Foundation on a monthly basis through payroll deduction.

\$_____ Monthly amount to be deducted

OPTION 2

I would like to make a one time contribution to the Maypearl Education Foundation.

\$_____ One time amount to be deducted from _____
List pay period month

If you wish to designate your contribution to one or more of the following individual scholarships please list the amount in the blank space.

_____ **Andy Austin Memorial**

_____ **Charles Hicks Memorial**

_____ **Lisa Miller Memorial**

_____ **Connie Perdue Memorial**

_____ **WG Roesler Scholarship**

_____ **Mika Terry Scholarship**

_____ **Karla Ford Memorial Scholarship**

Employee Signature

Date

Please complete form and return to campus secretary by the 15th of the month you wish deductions begun.