



WASHOUGAL
SCHOOL
DISTRICT



Donation Payroll Deduction Authorization Form

Employee Name (print): _____

School/Department _____

Choose your Gift Designation:

Camas Washougal Community Chest:

Monthly Deduction

Start Date: _____

End Date: _____

Amount per Month \$ _____

One Time Gift

Start Date: _____

Amount \$ _____

Washougal Schools Foundation:

Monthly Deduction

Start Date: _____

End Date: _____

Amount per Month \$ _____

One Time Gift

Start Date: _____

Amount \$ _____

I hereby authorize and request the Washougal School District Payroll Office to deduct the amount(s) designated above from my paycheck, and to remit the withheld amount(s) to the designated organization. This authorization will continue in effect until I submit written notice of cancellation to the payroll office. **Any change or cancellation of this authorization must be made in writing.**

Signature: _____ Date: _____