

MOORHEAD LEGACY

EDUCATION FOUNDATION

Support the Moorhead Legacy Education Foundation Payroll Deduction Program

Please use this form to initiate, change or cancel your payroll deduction. A new form must be filled out and signed every year.

To: Julie Bauer, District 152 Payroll Benefits Department

I authorize Independent School District 152 ("ISD 152") to deduct the amount selected below from each of my paychecks and direct ISD 152 to remit my payroll deduction amount, as soon as administratively practicable, to the Moorhead Legacy Education Foundation, a nonprofit 501(c)(3) corporation. This agreement remains in effect until I revoke or modify it. I may revoke or modify my payroll deduction as of any day. However, to revoke or modify my payroll deduction, I must provide the ISD 152 Payroll Department at least 30 days advance written notice of my revocation or modification, specifying the effective date of the revocation or modification. By signing this agreement, I authorize ISD 152 to share my name, address and donation amount with Moorhead Legacy Education Foundation. Moorhead Legacy Education Foundation does not disclose donation amounts to anyone other than its accounting staff. Unless a donor requests to remain anonymous, Moorhead Legacy Education Foundation does periodically publish the names (but not the donation amounts) of its supporters. If you wish to remain anonymous, please send an email to Moorhead Legacy Education Foundation at moorheadlegacyfoundation@gmail.com. Your Moorhead Legacy Education Foundation payroll deduction contributions are tax-deductible. Annual gift acknowledgments will be provided for tax purposes.

DONATION AMOUNT. Effective _____ (insert month/day/year), I authorize ISD 152 to make the following donation to Moorhead Legacy Education Foundation from each of my paychecks:

- \$ _____ /paycheck (minimum donation \$2.00 per paycheck)
- _____ (initial here if you wish to revoke/cancel your Moorhead Legacy Education Foundation payroll deductions)

Building Name: _____

Dated this _____ day of _____, 20 _____.

Print your Name here: _____

Signature here: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

If you need additional information about the Moorhead Legacy Education Foundation Payroll Deduction Program, please contact Deb Becker at 218-284-3330 or dbecker@moorheadschoools.org.