3215 S Hillhurst Rd ● Ridgefield, WA 98642 ●Theridge18@gmail.com ● www.facebook.com/sunsetridgeviewridgeassoc

RIDGEFIELD SCHOOL DISTRICT STAFF PAYROLL AUTHORIZATION FORM

The Ridge is a tax-exempt organization under section 501(c)(3). The Ridge mission is to make a positive impact in our schools and community by providing opportunities and resources for students, families & staff.

Please consider an **automatic payroll deduction**. Return this completed pledge form to The Ridge (in person or to The Ridge mailbox in the main office). We will gladly submit your form to Paula McCoy, RSD Director of Business Services on your behalf.

Thank you for your support!

NAME:_____

ADDRESS:_____CITY: _____ STATE: _____ZIP:_____

PAYROLL DEDUCTION: I authorize the Ridgefield School District to allocate from my earnings the amount of:

$_____ lump sum to be divided into equal prorated monthly deductions through June 2019.

$_____ per monthly pay period until I notify Payroll to discontinue this deduction.

SIGNATURE: _____DATE: _____

*No goods or services were received in return for this contribution.

3215 S Hillhurst Rd ● Ridgefield, WA 98642 ●Theridge18@gmail.com ● www.facebook.com/sunsetridgeviewridgeassoc

RIDGEFIELD SCHOOL DISTRICT STAFF PAYROLL AUTHORIZATION FORM

The Ridge is a tax-exempt organization under section 501(c)(3). The Ridge mission is to make a positive impact in our schools and community by providing opportunities and resources for students, families & staff.

Please consider an **automatic payroll deduction**. Return this completed pledge form to The Ridge (in person or to The Ridge mailbox in the main office). We will gladly submit your form to Paula McCoy, RSD Director of Business Services on your behalf.

Thank you for your support!

NAME:_____

ADDRESS:_____CITY: _____ STATE: _____ZIP:_____

PAYROLL DEDUCTION: I authorize the Ridgefield School District to allocate from my earnings the amount of:

$_____ lump sum to be divided into equal prorated monthly deductions through June 2019.

$_____ per monthly pay period until I notify Payroll to discontinue this deduction.

SIGNATURE: _____DATE: _____

*No goods or services were received in return for this contribution.