# Annual Employee Contribution Campaign

August 16th – September 22nd, 2017



***Your gift helps fund the***

***Innovative Education Grants***

**Select an Option:**

* **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Nixon-Smiley CISD to deduct**

**$\_\_\_\_\_ from my regular scheduled payroll for 10 months (October to July) for a**

**total amount of $\_\_\_\_\_*.***

*If employment with NSCISD ends, I authorize any unpaid balance to be deducted from my final check. This authorization will remain in effect until I give the Human Resources Dept. notice via email or other written method indicating my desire to cancel this deduction.*

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

* **My tax deductible gift of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the 2017-2018 school year for**

**the Nixon-Smiley Education Foundation is enclosed.**

*Make checks payable to NSEF. Return form and check by September 22nd.*

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your voluntary contribution.***